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Draft country programme document**

Ethiopia

Summary

The draft country programme document for Ethiopia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $119,750,000 from regular resources, subject to the availability of funds, and $350,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data† *(2004 unless otherwise stated)*	
Child population (millions, under 18 years) (2003)	39
U5MR (per 1,000 live births) (2005)	166
Underweight (%, moderate and severe)	38
Maternal mortality ratio (per 100,000 live births) (2000)	870
Primary school attendance (% net, male/female) (2003-2004)	55/47
Primary school children reaching grade 5 (%) (2002-2003)	62
Use of improved drinking water sources (%)	22[a]
Adult HIV prevalence rate (%) (2003)	4.4
Child work (%, children 5-14 years old) (2001)	43[b]
GNI per capita (US$)	110
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	71

† More comprehensive country data on children and women are available at www.unicef.org.

[a] The Welfare Monitoring Surveys 2000 and 2004 recorded 27.9% and 35.9%, respectively, which when considered bring the estimated water coverage to 32%.

[b] Differs from standard definition and/or age groups.

The situation of children and women

1. Ethiopia ranks 170 out of 177 on the Human Development Index and 92 out of 95 on the Human Poverty Index. Forty per cent of the population lives in absolute poverty; over 50 per cent is under age 19. Rural inhabitants constitute 85 per cent of the population and over 90 per cent of the poor. Despite little reduction in income poverty (2 per cent over the last decade), non-monetary poverty indicators have significantly improved, supported since 2000 by a substantial shift in Government expenditure from defence to the social sectors.

2. Under-five mortality (U5MR), at 123 per 1,000 live births, has declined by 1.8 annually since 1990 (DHS preliminary results, 2005). Malaria, diarrhoeal diseases, pneumonia and neonatal complications each accounts for nearly a quarter of U5MR. Achieving the Millennium Development Goal on U5MR will require an annual reduction of 7.9 per cent. The maternal mortality ratio will need an annual reduction of 5.9 per cent for the Goal to be reached. About 28 per cent of mothers attend at least one antenatal consultation, and 6 per cent of babies are delivered by skilled attendants. Malnutrition underlies more than half of U5MR. Micronutrient malnutrition is highly prevalent; 50 per cent of children and 25 per cent of women are anaemic. Access and utilization of health services is low, with regional disparities. While most children received three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), coverage is 7 per cent in pastoralist regions.

3. Between 2000 and 2003, access to safe water increased from 22 per cent to 32 per cent; reaching Millennium Development Goal 7 will require an annual increase of 2.5 per cent. Sanitation coverage rose from 18.1 per cent in 2000 to 30.8 per cent in 2004.

4. About 15 million people are vulnerable to chronic and transitory food insecurity from factors that include drought and environmental degradation. About 5

million chronically food-insecure people are being supported through the Productive Safety Net Programme under the National Coalition for Food Security.

5. The primary school net enrolment ratio (NER) rose from 36 per cent in 1998-99 to 51 per cent in 2003-2004 but is much lower among the pastoralist community. Despite decreasing steadily, the gender gap in primary school is 8 per cent, and will need an annual reduction of 0.75 per cent if the Millennium Development Goal is to be achieved. The drop-out rates are 23 per cent (grade 1) and 15 per cent (grades 1-8). National learning achievement scores for grades 4 and 8 are 40 per cent and 49 per cent, respectively. School environments are not child-friendly, and have limited water and sanitation facilities. There is no national early childhood development (ECD) policy.

6. HIV/AIDS prevalence is 4.4 per cent (2.6 per cent rural and 12.6 per cent urban). The rate of increase has declined, especially in urban areas. An estimated 1.5 million people are infected, of whom 96,000 are children under 15. In 2003 about 35,000 HIV-positive births occurred. Adolescents, particularly girls, are increasingly vulnerable, as HIV prevalence in the 19-24 age group is 6 times higher for females. Prevention of mother-to-child-transmission (PMTCT) services began in 2003 but suffer from low utilization of antenatal care and delivery services.

7. Approximately 12 per cent of children are orphaned (4.6 million), more than 537,000 of them because of AIDS. Traditionally, orphans are absorbed by extended families, but the increasing numbers provide major challenges. Eighteen per cent of households, including 42 per cent that are female-headed, take care of orphans. Orphaned and vulnerable children (OVC) have little support, protection or access to basic services.

8. Girls, who are particularly vulnerable to the patriarchal nature of Ethiopian society, are subjected to many harmful traditional practices (HTP), including abduction, child marriage and female genital mutilation/cutting.

9. The legislative framework for children has improved. The Government is developing a Children's Bill based on the Convention on the Rights of the Child. In 2001, the Committee on the Rights of the Child recommended enforcing legislation on HTP, instituting full birth registration, reducing U5MR and improving the quality of education. The Government submitted a second report to the Committee in 2005. Five periodic reports to the Committee on the Elimination of Discrimination against Women have been produced. In 2004, the Committee recommended improving reproductive health services, reducing school drop-out rates for girls and implementing target-specific measures against HTP. A National Plan of Action for Children has been developed based on the *World Fit for Children* and Millennium Development Goals. The Penal Code has been revised to eliminate gender discrimination.

10. Pervasive poverty underpins the situation of most Ethiopian children, compounded by inadequate implementation capacity at local levels, gender inequality, disproportionate service provision between urban and rural areas, and underserved vulnerable groups, including pastoralist communities.

Key results and lessons learned from previous cooperation 2002-2006

Key results achieved

11. A measles campaign in 2002-2004 reached 28 million children (92 per cent), and 23 million children received vitamin A supplementation. Insecticide-treated mosquito nets (ITNs) reached 6 million children or pregnant women in 2005 as a result of free distribution and UNICEF-facilitated procurement using Global Funds. UNICEF supported the development of a National Child Survival Strategy with the World Health Organization (WHO) and the United States Agency for International Development (USAID), and a National Nutrition Strategy with the Ministry of Agricultural and Rural Development and other partners.

12. Evidence-based assessments of water scarcity ensured steady funding, construction of 1,700 water supply schemes and rehabilitation of 2,200 schemes, benefiting 4 million people. Improved sanitation facilities reached 3 million people. Technical assistance and the procurement of drilling rig packages built capacity at federal and regional levels for emergency and longer-term interventions. UNICEF supported the development of the water and sanitation sector policy, the national sanitation strategy, and an intersectoral water, health, education, and sanitation agreement.

13. A complex humanitarian crisis in 2002-2003, involving the largest food aid operation ever conducted in Ethiopia, demonstrated the effectiveness of a multisectoral response. A 2004 evaluation highlighted the success of this approach, achieved through emergency preparedness response (EPR), coordination of nutrition, water and sanitation assessments, an exceptionally high degree of team work, the averting of a mass migration to camps and the establishment of an effective early warning system. Despite the emergency, the U5MR did not rise. This response created an unprecedented partnership between the World Food Programme (WFP) and UNICEF through the Enhanced Outreach Strategy (EOS), a high-impact food and non-food child survival intervention that twice a year reaches 7 million children under five.

Lessons learned

14. Successful interventions depend on community and civil society involvement under broad-based government leadership. Community-based micro-planning with the Regional Bureau of Finance and Economic Development (BoFED) was enthusiastically received by authorities and communities who developed integrated community plans. The importance of civil society participation was demonstrated through HIV/AIDS Prevention and Control Offices that pioneered the involvement of traditional community associations providing home-based care and support. An essential lesson was that working with civil society increased capacity to respond to the demands emerging from community-based planning in line with the human rights-based approach to programming.

15. Coordination between emergency and development programmes needs to improve, and technical assistance should contribute to capacity development in a more sustainable way through the overall coordination of the Ministry of Finance and Economic Development and BoFEDs. In line with mid-term review recommendations, Government counterpart capacity in monitoring and reporting,

including financial reporting, needs to be strengthened from the federal to *woreda* (district) level.

16. Effective youth participation was achieved through the creation of the Ethiopian Youth Forum, the "We Have a Dream" advocacy campaign for OVC and the innovative "community conversations" led by youth Anti-AIDS clubs. These enabled young people to analyse and act upon their own situation and participate in community planning and interactive, youth-centred media. Adolescents and young people play a key role in the response to HIV/AIDS, which is best addressed within a holistic adolescent development model that includes livelihoods. The establishment of girls' clubs, to strengthen girls' education and to address HTPs and HIV, successfully added a gender perspective.

17. Effective acceleration of interventions needs to be accompanied by the training of key actors and a multi-year planning perspective that prevents fragmented approaches. These elements ensured the success of the scaling up of the EOS campaign and the sanitation programme, which attained 85-per-cent coverage in five districts. The quality of the acceleration of school enrolment and the rapid roll-out of the Health Services Extension Programme suffered from a lack of these elements.

The country programme, 2007-2011

Summary budget table[a]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Young child adolescent and women's health	31 570	94 750	126 320
Nutrition and food security	11 310	31 000	42 310
Adolescent development, protection and HIV/AIDS	15 780	15 500	31 280
Education	16 830	19 400	36 230
Water, sanitation and hygiene	15 780	77 600	93 380
Communication, gender and programme coordination	10 520	7 750	18 270
Cross-sectoral costs	17 960	39 000[b]	56 960
Total	**119 750**	**350 000**	**469 750**

[a] Additional funds may be received through consolidated appeals.

[b] To be agreed for each contribution on a tripartite basis (among the Ministry of Finance and Economic Development, concerned donors and UNICEF).

Preparation process

18. Development of the country programme began with lessons learned and recommendations from the 2004 mid-term review. Prioritization of the United Nations Development Assistance Framework (UNDAF) outcomes was based on the Millennium Development Goals needs assessment. UNICEF led the Humanitarian Response, Recovery and Food Security thematic group, and contributed to all other

groups. The validation of the UNDAF included meetings with counterparts, United Nations partners, civil society, and research institutions. At a Joint Strategy Meeting in February 2006, led by the Ministry of Finance and Economic Development, the country programme document was finalized after consultations with national and regional counterparts and partners.

Goals, key results and strategies

19. The country programme goal is to enable vulnerable children and women to progressively realize their rights to survival, development, protection and participation through support given to national and regional efforts to achieve the objectives of the Plan for Accelerated and Sustained Development to End Poverty (PASDEP).

20. The **young child, adolescent and women's health programme** will aim to achieve the following results: (a) 5.2 million children and 1.2 million pregnant women utilizing high-impact preventive and curative health and nutrition community services; 50 per cent of households taking action for better health of children and women as a result of support provided to 16,000 workers in underserved *woredas* not covered by other health sector partners; (b) improved access to and utilization of quality referral health services for children and women at health centre and hospital levels and the provision of necessary supplies; and (c) the capacity of the Ministry of Health strengthened for improved policy development, standards-setting, quality assurance, donor coordination and EPR.

21. The *nutrition and food security programme* will aim to achieve these results: (a) institutional capacity of implementing partners strengthened for improved multisectoral coordination, the setting of standards, quality control, and early warning and nutrition information systems; (b) families in at least 60 per cent of pastoral and agro-pastoral *kebeles* (communities), in drought-prone *woredas*, participating in assessing, analysing and taking action for improved nutrition; (c) 80 per cent of children and mothers in drought-prone *woredas* receiving high-impact, community health and nutrition services every six months through EOS, as part of a transitioning from food insecurity and acute malnutrition to ending child hunger and undernutrition; and (d) improved EPR capacities in the health, nutrition, water, sanitation and hygiene (WASH), education and child protection sectors at federal and regional levels, especially in underserved areas, including the capacity to trigger emergency non-food responses.

22. The **adolescent development, protection and HIV/AIDS programme** will aim to achieve the following results: (a) 1 million vulnerable children and adolescents capacitated and empowered with knowledge and life skills to participate effectively in decision-making activities and in gaining livelihoods in their communities; (b) effective gender and age-sensitive mechanisms set up for prevention and protection, focusing on adolescent girls, and operationalized to reduce the risk of new HIV infections in 105 *woredas* nationwide, including those affected by humanitarian crises; (c) 1 million vulnerable children and adolescents provided with community and home-based care, support and protection; and (d) relevant laws and policies revised and implemented to ensure that the rights of adolescents, women and vulnerable children are recognized, protected and fulfilled, including in emergencies.

23. The **basic education programme** will aim to achieve the following results: (a) policies and national standards to monitor school readiness in ECD and learning

programmes developed and implemented; (b) NER in primary school increased from 51 per cent to 96 per cent of schools in targeted *woredas*; (c) gender parity achieved in targeted *woredas*; (d) improved quality of education achieved in targeted *woredas*, with 85 per cent of children retained and attaining at least 50-per-cent pass result in grades 4 and 8; and (e) 60 per cent of school-going children who are displaced in emergency situations able to continue their education.

24. The **WASH programme** will aim to achieve the following results: (a) 6 million people (4.5 million vulnerable children and women) have equitable and sustainable access to and use of safe water, basic sanitation services and improved hygiene in drought-prone and underserved areas; (b) 650 health infrastructures and 4,200 schools provided with a complete WASH package; (c) preparedness plans in place to provide assistance to 150,000 people affected by natural or man-made disasters within 72 hours; and (d) WASH capacity enhanced nationally, regionally, and in 120 *woredas* and *kebeles*.

25. The **communication, gender and programme coordination programme** will aim to achieve the following results: (a) relevant national-level institutions, including those concerned with rights and gender, and civil society engaged in strengthened advocacy, capacity-building and resource-leveraging for children and women; women's participation strengthened in the workforce and social and political processes, and gender concerns mainstreamed within policy processes and sectoral programmes; (b) the capacity of partners strengthened so that they engage in participatory development approaches, emphasizing youth and women representatives; (c) mass media engaged in mobilizing all levels of society for protecting, promoting and fulfilling children's and women's rights; and (d) the planning, monitoring, evaluation, implementation, reporting and coordination capacities of counterparts strengthened.

Strategies

26. The overarching strategy is the human rights-based approach to programming, emphasizing the sustainable strengthening of capacities to fulfil rights to social services, accompanied by legal reform to create an enabling environment for achieving PASDEP objectives. The participation of stakeholders, including children and young people, will be prioritized, with cross-cutting issues addressed such as gender as well as HIV/AIDS, education, protection and health.

27. Additional strategies include technical support, under the overall coordination of the Ministry of Finance and Economic Development and BoFEDs, to ensure effectiveness and sustainability; the leveraging of resources; and the mainstreaming of a transitional approach to EPR, linked to capacity-building for longer-term solutions to protecting lives and livelihoods, including a non-food component within the Productive Safety Net Programme.

Relationship to national priorities and the UNDAF

28. The Government is currently finalizing the PASDEP. A needs assessment was carried out in 2004-2005 to fully align the PASDEP and the budget with achieving the Millennium Development Goals. The country programme forms an integral part of the UNDAF, which defines United Nations support to the PASDEP. UNICEF is contributing to all UNDAF priority outcomes and to the National Action Plans for Children and Gender Equality.

Relationship to international priorities

29. The country programme is founded on the Millennium Development Goals, with the guiding principles provided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The five UNICEF medium-term strategic plan focus areas are addressed, as are the Core Commitments for Children in Emergencies, the Abuja Declarations and the *World Fit for Children* goals.

Programme components

30. **Young child, adolescent and women's health**. The programme builds on the Government's five-year Health Sector Development Plan (HSDP3) and the National Strategy for Child Survival. In the Health Services Extension Programme (HSEP), health extension workers and community volunteers will be trained to support community and family care practices. The Integrated Management of Childhood Illness, including follow-up of children born to mothers who are HIV positive, will expand at community and facility levels, as will antenatal care, clean delivery and community preparedness for referring pregnancy complications. In urban and peri-urban areas youth-friendly health services will be expanded for young people, especially girls. The capacities of all *woreda* health offices will increase for planning, budgeting, implementing and monitoring maternal and neonatal health interventions.

31. The expanded programme on immunization will support nationwide expansion through the HSEP, including polio eradication, measles control, maternal and neonatal tetanus elimination, improved cold chain maintenance, safe injection practices, and emergency measles and meningitis vaccination campaigns. Preparedness will be heightened for responses to immunizable and diarrhoeal diseases, malaria and human flu.

32. Scaling up community-based malaria control will ensure prompt care-seeking behaviour and quality treatment. UNICEF will work with Roll Back Malaria partners, leveraging funds for expanded ITN coverage, to ensure optimal treatment capacities at health posts and improved first referral nationwide through provision of supplies and diagnostic equipment.

33. In collaboration with United Nations Population Fund (UNFPA), WHO, the Swedish International Development Agency, USAID/ the President's Emergency Plan for AIDS Relief (United States), and the Global Fund to Fight Aids, Tuberculosis and Malaria, the programme will increase access to basic and comprehensive emergency obstetrical care, including provision of equipment and supplies, comprehensive PMTCT-plus, and child referral services for severe malnutrition and disease, including paediatric AIDS. *Woreda* health offices will be strengthened to establish functional linkages between health posts and first-referral level.

34. Within HSDP3, the programme, in cooperation with WHO and UNFPA, will provide technical assistance for the following: (a) improving resource-use efficiency for child and maternal health; (b) implementing the five-year logistics plan for essential health commodities; (c) capacity-strengthening to assist regional and *woreda* health authorities in decentralized decision-making and resource allocation; and (d) developing and implementing standards for quality health care and EPR.

35. **Nutrition and food security**. National nutrition strategy implementation will be supported through a nutrition policy framework and information system; the mobilization of partners for resources and joint programming; and the building of capacity to coordinate multisectoral nutrition initiatives, set standards and control quality. With WFP, the United Nations Office for the Coordination of Humanitarian Affairs, WHO, the national Emergency Nutrition and Coordination Unit (ENCU) and civil society, the programme will strengthen early warning, nutrition information and surveillance systems. Partnerships will include private salt producers and food industries for micronutrient fortification.

36. Community capacity will be strengthened to analyse the causes of malnutrition and improve the nutritional status of vulnerable groups. A community nutrition-services package will provide targeted preventive and curative services for children under two, adolescent girls and pregnant and lactating mothers. In nutritionally vulnerable households, support will be provided for sustained food security, enabling households with reproductive-age women to access a community-determined package of interventions. Partnerships include the Food and Agriculture Organization of the United Nations and WFP for food security activities, and WHO and UNFPA for community-based care.

37. The acute nutritional needs of children and women in recurrent food-insecurity situations will be addressed through continuing EOS in drought-prone *woredas*, using a child survival package targeting 6.8 million children and about 1.4 million pregnant women, coordinated with other national initiatives. WFP and ENCU will be partners for supplementary and therapeutic feeding.

38. **Adolescent development, protection and HIV/AIDS**. The programme feeds into the joint programme for HIV/AIDS under UNDAF in support of the National Strategic Plan for HIV/AIDS. Activities fall under the leadership of the HIV/AIDS Prevention and Control Office, working with the Ministry of Youth and Sports and the Ministry of Women's Affairs. It takes a holistic approach to adolescents, actively engaging them in capacity development, life skills, livelihood opportunities and participation and increasing access to in-depth information about sexual and reproductive health and HIV/AIDS. Emphasis is placed on empowering adolescent girls. Community dialogue, interactive media and social-structure strengthening will contribute to an enabling environment for adolescent development.

39. Results in the protection, care and support of vulnerable children and adolescents will be achieved through improving the institutional framework; training all actors in the justice system on children as "offenders or victims"; developing the capacity of Ministries and civil society; and follow-up with partners and actors to enforce standards. Under the overall leadership of the Ethiopia HIV/AIDS Prevention and Control Office (HAPCO), in line with the national HIV/AIDS strategy, the provision of protection, care and support services will be strengthened through the OVC task forces, and the training of the Government officials, civil society and the private sector to empower communities to provide enhanced support for OVC, including psychosocial services. Home-based care will emphasize support for children who are HIV positive, for adolescents and for pregnant women enrolled in PMTCT. A system for the provision of small grants to assist community-identified OVC will be developed, with funds allocated to communities by local authorities. Partners include WFP for OVC food support; the International Labour Organization and International Organization for Migration for

preventing trafficking and exploitation; and the Joint United Nations Programme on HIV/AIDS for coordinating the roll-out of the national plan of action for OVC.

40. **Basic education**. The programme will provide capacity development in programme planning, implementation, monitoring and evaluation at all levels, with a special focus on *woreda* and *kebele* education and training school boards and parent-teacher associations. Activities will include capacity-building for coordinating the education management information system and for micro-planning, curriculum development and in-service teacher-training, including life skills and HIV/AIDS education. Quality will be addressed through the school cluster approach, teachers' professional development and the production of gender-sensitive instructional materials and radio programmes. Technical assistance will support integrating cost-effective best practices on educational quality improvement, equity, and girls' education into the national education strategy framework.

41. The Girls' Education Initiative will address the gender gap in NER as a joint programming area. Capacity development will be supported in several areas: making schools child- and girl-friendly, including developing national quality standards; water and sanitation provision and hygiene education; and community dialogue on the importance of girls' education and the elimination of HTPs. Education personnel in emergency-prone regions will be trained in EPR and in creating a conducive environment for traumatized children, including through providing essential teaching and learning materials, scholarships and counselling services for OVC.

42. Support will be provided to establish and strengthen alternative basic education centres to meet minimum learning standards for vulnerable children (including pastoralist and marginalized children), training facilitators in education techniques, in promoting life skills and HIV/AIDS education, in parental education and in developing appropriate curricula. *Woreda* education authorities will be trained to develop inclusive primary education plans. The ECD component will provide technical assistance for the development of a policy and national strategy for ECD, guidelines, a curriculum, and communication strategies on parental education.

43. Partners will include WFP for school feeding, United Nation Educational, Scientific and Cultural Organization for educational quality and the Japanese International Cooperation Agency for school mapping.

44. **WASH programme**. The programme will strengthen the integration of WASH at all levels and implement an integrated package in communities, schools and health institutions. The programme will lead a co-coordinated EPR in WASH, including planning, assessment, pre-positioning of essential supplies and equipment, and rapid response. The rapid response areas will cover water-tankering, purification, rehabilitation of boreholes and emergency sanitation and hygiene promotion.

45. The programme will construct and rehabilitate water supply systems and construct extensions. Sanitation and hygiene promotion will be supported through advocacy; communication for social change; and social marketing to facilitate community dialogue, decision-making and behaviour change. A comprehensive capacity-building plan to be developed and implemented will include training, knowledge-management and provision of tools and equipment. A variety of water

supply and latrine technologies will be demonstrated, and local artisans will be trained in these areas. Supply-chain support mechanisms will be strengthened for accessing water supply and sanitation services through Sani-Centres/spare-parts shops and national and community-level manufacturing units. Community management and cost-recovery systems will be developed and implemented to ensure sustainability. Standardization of all technologies will be promoted. Technical assistance will be provided for the development of policies and strategies, and joint sector studies with partners will complement the development of data management and information systems.

46. The programme is integrated in the National Rural Water Supply and Sanitation Programme supported by the Government, the World Bank, the African Development Bank and the United Nations Development Programme (UNDP). With financial and technical support from UNICEF, the national WASH network of community-based organizations, faith-based organizations, non-governmental organizations, donors, United Nations agencies and Ministries will work on advocacy and promotional activities. UNICEF works with WFP and WHO on girls' education/school health, dracunculiasis eradication and water quality assessment. Under the agreement with the European Union Water Facility, regular resources will be used to leverage funds for community and institutional WASH in all regions. Private sector participation will be encouraged.

47. **Communication, gender and programme coordination**. This programme will be coordinated by the Ministry of Finance and Economic Development, which will also delegate coordination to other governmental institutions. An integrated approach will combine community-level, participatory communication and use of mass media for education and advocacy at sub-regional and federal levels with gender-based capacity-building and strengthened programme coordination, in line with decentralization.

48. Communication will support capacity development of mid- and front-line service providers, civil society, women's associations and youth groups to engage young people and women in community dialogue and project implementation. Training will focus on communication and negotiation skills and participatory planning, contributing to the UNDAF governance priority in collaboration with UNDP, UNFPA and WFP. The communication capacity of institutions dealing with rights will be strengthened. Skills in participatory programming will be developed among the media, enabling them to promote awareness of community-level development. The media will be encouraged to support life-skills programmes and behaviour-change components. Young people's participation will build on previous successes in the Ethiopian Youth Forum, girls' education media initiative and youth-led HIV/AIDS prevention programmes.

49. National institutional capacity for gender equity will be strengthened in line with the PASDEP, emphasizing women's participation in social and political processes. Advocacy and technical assistance will support the mainstreaming of gender concerns and analysis within national policies, programmes and budget allocations and monitoring and evaluation. Support will be provided for capacity-strengthening of the Women's Affairs Ministry at federal and regional levels.

50. Under coordination of the Ministry of Finance and Economic Development at the national level and BoFED at the regional level, the programme will strengthen Government institutional capacity to mobilize and utilize resources and to collect,

analyse and utilise social sector data in programme areas. In line with decentralization, focus will be on regional and *woreda* bureaux. Capacity development will involve training in planning, monitoring and evaluation and data collection methodologies; support to local research and social-sector data collection, especially in data-scarce areas; and support to social policy analysis to strengthen the focus on children's and women's rights.

51. **Cross-sectoral costs** will cover management and programme planning, coordination, technical assistance and operating expenses related to supply, logistics, administration and finance.

Major partnerships

52. Under Government leadership, major partnerships will involve the following: UNDAF agencies, including participation in "One programme, one team", in keeping with the global partnership for HIV/AIDS; local authorities for decentralized implementation; the private sector, particularly for WASH; civil society for programme implementation; and media and civil society for information dissemination, open debate and youth participation. UNICEF will continue to provide cluster leadership in nutrition, water, education and child protection.

Monitoring, evaluation and programme management

53. All programme implementation will be coordinated by national institutions, under the Ministry of Finance and Economic Development. Sectoral programmes are coordinated at federal and regional levels by the relevant line Ministries, authorities and regional bureaux. Funds will flow through public financial institutions for accountable, transparent and effective services delivery. The use of other modalities will be agreed upon as need arises.

54. In collaboration with United Nations agencies, UNICEF will endeavour increasingly to align development assistance with national systems and to adopt national implementation modalities that will be continuously reviewed to ensure streamlining and efficient use of external assistance. An intensified joint United Nations programming will cover HIV/AIDS; humanitarian response, recovery and food security; and enhanced economic growth.

55. The UNDAF monitoring and evaluation matrices provide the framework for the integrated monitoring and evaluation plan (IMEP) to be reviewed and updated annually with the work plans. The IMEP is complemented by programme log frames specifying indicators, baselines and targets that allow review of progress and results against annual and end-of-programme targets. Quarterly performance reports by regional counterparts and joint annual reviews will be led by the Ministry of Finance and Economic Development, with the participation of federal and regional counterparts, United Nations agencies and civil society. A joint UNDAF evaluation in 2010 will summarize lessons learned.

56. Additional age- sex- and location-specific data for baselines, for monitoring and for end-of-programme assessments will be collected from surveys planned by the Government and with partners, and through surveys and evaluations planned in the IMEP. UNICEF will continue to partner with the Central Statistics Agency in using the *DevInfo*-based *Ethio-Info* to track Millennium Development Goal and PASDEP indicators.

57. The increased magnitude of the country programme and its expected significant contribution to accomplishing the PASDEP and Millennium Development Goals may necessitate a capacity-gap assessment by counterparts for provision of more technical assistance, including skills to support capacity-building and decentralization.

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Short-duration country programme document

Malawi

Summary

The short-duration country programme document for Malawi is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $6,492,000 from regular resources, subject to the availability of funds, and $19,055,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

* E/ICEF/2006/10.

06-29436 (E) 050406

The situation of children and women

1. Close to 5 million people were not able to meet their minimum food requirements in 2005-2006 and are receiving food aid and other humanitarian assistance.

2. Infant and child mortality rates declined substantially in recent years, from 104 and 189 deaths, respectively, per 1,000 live births in 2000 to 76 and 133 in 2004 (Malawi Demographic Health Survey, DHS). The decline is partly due to coverage of 86 per cent by the expanded programme on immunization and to the malaria prevention programme, with close to 60 per cent of children under age five sleeping under insecticide-treated mosquito nets. The DHS results showed no change in children's nutritional status since 1992, with 48 per cent of children under age five stunted, 22 per cent underweight and 5 per cent suffering wasting. The maternal mortality ratio remains high at 984 per 100,000 live births.

3. According to the 2005 Sentinel Surveillance Report, HIV prevalence in the 15-49 age group was 14 per cent, compared with 14.4 per cent in 2003. Some 46 per cent of new infections are found among young people aged 15–24 years, and 60 per cent of infections in the 15-24 age group are among women. An estimated 930,000 people were living with HIV in 2005, including 83,000 children under age 15. Less than 10 per cent of pregnant women were accessing prevention of mother-to-child transmission (PMTCT) services in 2005. By the end of 2005, close to 40,000 AIDS patients were receiving free antiretroviral treatment, up from 4,000 in January 2004. However, less than 5 per cent of these patients were children under the age of 15. Among the 1 million orphans in Malawi, 500,000 have lost one or both of their parents to AIDS.

4. Education is characterized by gender parity in both enrolment and completion. Primary school enrolment has stabilized at 81 per cent, which is a significant increase from that in 1999, but the primary completion rate was only 22 per cent for boys and 26 per cent for girls in 2005.

5. Coverage of safe water is 66 per cent, and 81 per cent of the rural population has access to safe excreta disposal methods, though many of these facilities are deemed rudimentary (2004 Integrated Household Survey Report).

6. Malawi faces serious child protection challenges: some 1.4 million children are engaged in hazardous child labour; sexual exploitation, abuse and child trafficking are increasing; and there is no system of birth registration. The country is prone to cholera outbreaks, and avian flu is a major threat.

The country programme, 2007-2008

Summary budget table*

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	1 880	6 855	8 735
Basic education and gender equality	755	5 000	5 755
Water, sanitation and hygiene	675	3 000	3 675
Orphaned and vulnerable children and child protection	560	4 000	4 560
Social policy, advocacy and communication	1 005	200	1 205
Cross-sectoral costs	1 617	—	1 617
Total	6 492	19 055	25 547

* Additional funds may be mobilized for humanitarian responses as required.

7. The country programme received $50,008,325 in other resources from 2002-2005, representing 95 per cent of the anticipated other resources for that period. The approved country programme budget for 2002-2006 was $98,621,000, representing $25,501,000 in regular resources and $73,120,000 in other resources.

Reasons for the short-duration submission

8. The United Nations country team in Malawi, with encouragement from the Government of Malawi and approval from the Regional Directors Team, decided to extend the current United Nations Development Assistance Framework (UNDAF) and individual agency country programmes by one year in order to fully synchronize with the Malawi Growth and Development Strategy (MGDS), the country's national development plan.

Goals, key results strategies, relationship to national and international priorities

9. The country programme goal and strategies will remain the same as in 2002-2006. To consolidate the gains made since 2002 and to take into account the mid-term review recommendations, the country programme will continue to implement the strategies used in the 2002-2006 country programme. The original programme objectives will be re-stated as *expected results* and will cover an additional year, as follows:

(a) Contribution to the national goal of 95 per cent full immunization coverage for children 12-23 months, through vaccine procurement and technical assistance for capacity-building in planning and quality assurance;

(b) Contribution to the national target of 70 per cent of children under age five and 60 per cent of pregnant women sleeping under insecticide-treated nets,

through procurement of nets and technical assistance in policy development and quality assurance, and through advocacy and leveraging of support;

(c) Lead-agency contribution to 80-per-cent national coverage of vitamin A supplementation for under-five children and postpartum women;

(d) Lead-agency contribution to 80 per cent of households nationwide using iodized salt;

(e) Exclusive breastfeeding coverage for children 0-6 months increased from 53 per cent in 2004 to 65 in 2007;

(f) 80 per cent of children 6-59 months receiving one dose of de-worming tablets every six months;

(g) Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy scaled up, with 60 per cent of health workers having improved case management skills, and 40 per cent of households in all districts having skills to promote key caring practices;

(h) PMTCT sites increased from 36 in 2004 to 163 in 2007, corresponding to an increase in access for pregnant women to PMTCT services from 10 per cent in 2004 to 40 per cent in 2007;

(i) Provision of quality HIV testing and counselling to 90 per cent of the pregnant women attending antenatal clinics in the 163 PMTCT sites, ensuring that 80 per cent of women who are HIV positive receive antiretroviral drugs;

(j) At least 60 per cent of children born of mothers who are HIV positive, as identified through the PMTCT programme, are tested for HIV in a timely manner and are provided with co-trimoxazole (antibiotics) to prevent opportunistic infections;

(k) At least 8,000 children under 15 who are HIV positive (10 per cent of the total population targeted for antiretroviral treatment) are provided with highly active antiretroviral therapy;

(l) 60 per cent of health facilities offer youth-friendly services;

(m) Access to safe water increased from 66 per cent in 2004 to 80 per cent 2007, and quality basic sanitation coverage increased from 62 per cent in 2004 to 81 per cent in 2007;

(n) Enrolment rates maintained at above 90 per cent for boys and girls; dropout rate reduced by 3 per cent;

(o) Coverage of the *Joyful Learning Package* extended from 21 per cent of primary schools in 2006 to 40 per cent (2 million pupils);

(p) 100 per cent of primary school pupils in standards (grades) 1-4, representing 2 million children, reached with life skills to prevent HIV, with support from UNICEF. (Standards 5-8 are supported by the United Nations Population Fund, UNFPA);

(q) 100 per cent of secondary schools (500,000 young people) reached with life skills to prevent HIV as part of the "Lesson for Life" global initiative;

(r) Peer education for HIV prevention supported through 5,000 in-school *Edzi Toto* ("Say no to AIDS") clubs and 2,000 out-of-school youth clubs;

(s) Programme-supported community-based childcare centres increased from 1,000 in 2005 to 1,500 by 2007 and reaching more than 150,000 children under five (including orphaned and other children made vulnerable by AIDS) with early childhood care and development activities;

(t) Psychosocial care for orphans and other children made vulnerable by AIDS provided through 400 Children's Corners, benefiting at least 100,000 vulnerable children;

(u) The number of community child protection workers increased from 249 to 400 by the end of 2007;

(v) Legislative and policy frameworks strengthened to ensure a protective environment for all children;

(w) A birth registration law passed and a system operating;

(x) 100 per cent of all schools supported by UNICEF with *Joyful Learning* benefiting from a package of child protection interventions, reaching 2 million children;

(y) Increased political commitment and resources leveraged for children through active involvement at policy level.

10. The 2007 country programme supports the national goals and targets of the MGDS, which aims to combat poverty through sustainable economic growth and human capital development and is Malawi's road map for achieving the Millennium Development Goals. The country programme also addresses the priority areas identified in *A World Fit for Children*, the Abuja Declarations, the "Unite for Children, Unite against AIDS" global campaign, the Core Commitments for Children in Emergencies, and the UNICEF medium-term strategic plan 2006-2009.

Programme components

11. The **health and nutrition** programme will continue to support national efforts to increase the availability and utilization of quality services for a defined essential health package and leverage support for maintaining and scaling up cost-effective interventions. Coverage of child survival interventions will be increased, and IMNCI will be implemented in all districts to promote key caring practices among parents and improve case management at the facility level, emphasizing neonatal care. Efforts will be stepped up to address high child and maternal malnutrition through an integrated response and the strengthened capacity of communities and service providers to prevent and manage nutritional deficiencies. UNICEF will continue to support therapeutic and supplementary feeding, as required, and strengthen national capacity for nutrition surveillance. In close collaboration and joint programming with the World Health Organization (WHO) and UNFPA, UNICEF will support the implementation of the road map for accelerating reduction of maternal mortality. In collaboration with WHO, efforts will continue in strengthening national capacity for disease surveillance and planning for potential outbreaks, including cholera and avian flu. Significant efforts will be made to scale

up the coverage and quality of PMTCT interventions and the care and treatment of children and mothers who are HIV positive.

12. The **water, environmental sanitation and hygiene programme** aims to strengthen national capacity to increase access to safe water and quality basic sanitation and to improve hygiene practices. The programme will prioritize schools, community-based early childhood care centres, health centres and nutrition rehabilitation units for the provision of safe water and sanitation facilities. Community capacities will be developed to maintain and manage the facilities and the coverage reached. Coupled with this, the capacities of households and village-level committees will be improved to ensure that at least 60 per cent of the households in the programme's impact districts use community dialogue and rights-based approaches to promote local planning.

13. The **basic education and youth development programme** will enhance access, completion, gender equity and performance; consolidate the institutionalization of HIV/AIDS life skills at the primary school level (reaching all children in grades 1-4) by providing in-service training of teachers, teachers' guides and pupils' textbooks; facilitate the development of a sector-wide approach; initiate the development of inclusive approaches for an education system aiming for increased enrolment of children who are orphaned, vulnerable or with special learning needs; and sustain education delivery during emergencies.

14. The **programme for orphaned and other vulnerable children (OVC) and child protection** will strengthen national capacities to ensure that OVC realize their rights to grow up in a protective and nurturing environment, free from stigma and discrimination and with access to basic social services, on an equal basis with other children. It will also contribute to national efforts to protect children against all forms of violence, exploitation, neglect and discrimination. The programme will continue to mobilize commitment, leadership and resources towards implementation of the national plan of action for OVC, with efforts stepped up to strengthen national institutions at district and community levels. Through technical assistance, operations research and advocacy, the programme aims to support the development and integration of social protection. These efforts will be linked with home-based care groups, life-skills training for young people and legal aid for orphans and widows. Child participation will be promoted in all Child Caring Points or Corners. Legislative and policy frameworks will be strengthened.

15. The programme will support the establishment of a national birth registration system and intensify efforts to protect children from sexual and economic exploitation. The training of paralegals and the establishment of victim support units and child-friendly courts and diversion systems will help children in conflict with the law, and who are in danger of being abused, exploited or disposed of their property, to access legal assistance and protection.

16. The **social policy, advocacy and communication (SPAC) programme** will establish better linkages to national planning processes through greater involvement in the planning and monitoring of the MGDS as well as through sector reforms and the decentralization policy, and by making meaningful contributions to policy analysis, dialogue and planning. SPAC will focus on ensuring that children's rights to survival, development, protection and participation are well positioned and budgeted for within the new MGDS and that the rights approach contributes to district capacity development in monitoring and evaluation, filling data gaps on

children and women as part of the planning process for the next country programme cycle. SPAC will also spearhead UNICEF involvement in United Nations reform, harmonization, common country programme planning and joint programming.

Major partnerships

17. The 2007 country programme will continue its strong partnership with the Government, donors, United Nations agencies, civil society organizations, District Assemblies and other decentralized bodies in the districts and will develop new partnerships with the private sector and faith-based organizations. Efforts will focus on the establishment and strengthening of children's parliaments in the three regions of the country.

Monitoring and evaluation

18. The Malawi Socio-Economic Database has been integrated within the National Monitoring and Evaluation Road Map, and the country programme will now promote its use for the monitoring of the MGDS at both national and district levels. The United Nations Joint Programme on Monitoring and Evaluation will be continued, with stronger emphasis placed on strengthening monitoring and evaluation capacities at the national and district levels and the development of an integrated national monitoring and evaluation work plan. Improving the timeliness and availability of reliable national data will continue to be a focus. A "light" version of a Multiple Indicator Cluster Survey in 2006 will address some basic data gaps and contribute to the creation of a new database on OVC and child protection. The monitoring and evaluation system will continue to rely on joint field monitoring with the Government and other partners and on regular mid-year and end-year reviews to assess progress and results.

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Draft country programme document**

Mozambique

Summary

The draft country programme document for Mozambique is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $22,653,000 from regular resources, subject to the availability of funds, and $66,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2009.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[*] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	9.9
U5MR (per 1,000 live births)	152
Underweight (%, moderate and severe, 2003)	24
Maternal mortality ratio (per 100,000 live births) (1993-2003)	410
Primary school attendance (% net, male/female, 2003)	63/57
Primary school children reaching grade 5 (%, 2001-2002)	49
Use of improved drinking water sources (%, 2002)	42
Adult HIV prevalence rate (%, 15-49 years)	16.2
Child work (%, children 5-14 years old)	.
GNI per capita (US$)	250
One-year-olds immunized against DPT3 (%, 2003)	72
One-year-olds immunized against measles (%, 2003)	77

[*] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Mozambique held its third legislative and presidential elections in 2004 and continues to experience strong economic growth, averaging 7-8 per cent over the past five years. The country remains one of the poorest in the world, however, with a gross national income of $250 per capita. The proportion of people living below the poverty line decreased from 69 per cent in 1997 to 54 per cent in 2003, although disparities persist between rural and urban areas and provinces. Levels of child poverty are high, with 58 per cent of children living below the poverty line, as compared to 49 per cent of adults. Of 18 targets of the Millennium Development Goals, five have the potential of being met (poverty, under-five mortality, maternal mortality, malaria, and an open trading and financial system).

2. Child well-being varies greatly across the country, with acute disparities evident between provinces, areas of residence, genders, and household levels of poverty and deprivation. The under-five mortality rate remains high, at 152 per 1,000 live births in 2004, although this represents a significant decline since 1990, when the rate was 235 per 1,000 live births. The infant mortality rate also fell over the same period, from 158 to 104 per 1,000 live births. Malaria remains the primary cause of under-five mortality, followed by acute respiratory infection. AIDS, however, is fast emerging as a major killer of children. The prevalence of underweight children under five is high, at 24 per cent, ranging from less than 10 per cent in Maputo to 34 per cent in Cabo Delgado Province. Protracted drought, combined with the AIDS pandemic and limited coping capacities, has resulted in persisting pockets of high malnutrition, particularly affecting orphaned children.

3. The 2003 Demographic and Health Survey (DHS) showed that the proportion of children under one immunized against measles increased from 58 per cent in 1997 to 77 per cent in 2003, although disparities were significant (71 per cent in rural areas and 91 per cent in urban areas). In 2002, 42 per cent of the population used an improved water source, with a distribution of 76 per cent and 24 per cent in

urban and rural areas, respectively. Poor access to drinking water and sanitation facilities, together with persistent drought, has contributed to cholera outbreaks and high levels of diarrhoea among children.

4. Despite major progress in improving access to primary education, and increasing the net enrolment ratio at lower primary level (grades 1-5) from 69 per cent (66 per cent girls/72 per cent boys) in 2003 to 83 per cent (81 per cent girls/86 per cent boys) in 2005, the quality of education has not improved. Completion rates in grades 1-5 in 2004 were 48 per cent (39 per cent girls/57 per cent boys), and net attendance rates in primary schools remained low, at 60 per cent (57 per cent girls/63 per cent boys). There are wide geographical disparities in net attendance rates, from over 90 per cent in Maputo to less than 50 per cent in Zambezia and Nampula provinces, which account for 40 per cent of the country's child population. The quality of education is further compromised by the high learner/teacher ratio (74:1) and the increasing proportion of unqualified teachers (44 per cent in 2005).

5. HIV/AIDS prevalence among the 15-49 year age group continues to increase, from 12.2 per cent in 2000 to 16.2 per cent in 2004, with the highest rates in the central and southern regions of the country, reaching 26.5 per cent in Sofala province. In 2005, approximately 99,000 children under age 15 were living with HIV, over 80 per cent of them below age 5. Access to paediatric treatment and prevention of mother-to-child transmission (PMTCT) remains low, at less than 5 per cent. Among adolescents, the gender disparity is acute, with three times as many girls as boys aged 15-19 living with HIV/AIDS. The pandemic continues to compound the crisis of increasing numbers of orphaned and vulnerable children (OVC). Of 1.6 million orphaned children, 20 per cent were orphaned because of AIDS. Evidence indicates that orphaned children are discriminated against in terms of access to education. Information on other vulnerable children remains limited, particularly in relation to child labour, abuse and exploitation.

6. A major underlying cause of disparities in the well-being and development of children and women is the weak capacity of duty bearers to meet their obligations, due to insufficient human resources and inequitable budget allocations. Other underlying and root causes include persisting disparities in access to basic services; socio-cultural factors; gender norms and inequalities; weak inter-sectoral coordination; natural disasters; and the AIDS pandemic.

7. Despite the many challenges, significant progress has been made in developing an enabling national policy and legislative framework to prioritize child development concerns. Key instruments include the National Poverty Reduction Strategy 2006–2009 (known as PARPA), which is based on the attainment of the Millennium Development Goals and is child-friendly. A comprehensive Children's Act has also been developed, based on recommendations of the initial report of the Government to the Committee on the Rights of the Child. These policies and plans provide an opportunity to accelerate efforts for the attainment of the Millennium Development Goals. Emphasis is now needed to operationalize these policies and frameworks.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

8. The country programme for 2002-2006 contributed to national goals defined in the first PARPA, focusing on three priority areas of integrated early childhood development (IECD), girls' education and HIV/AIDS.

9. In IECD, the Ministry of Health was supported to implement the nationwide immunization campaign in 2005, together with the World Health Organization (WHO), leading to the immunization of 8.2 million children aged 9 months to 14 years against measles (94 per cent coverage). In 48 districts, approximately 1 million insecticide-treated nets (ITNs) to protect against malaria were distributed to vulnerable groups through the health system, resulting in an estimated coverage of 59 per cent. An additional 292,000 and 96,000 people were provided with safe drinking water and adequate sanitation facilities, respectively.

10. In girls' education, the Ministry of Education and Culture was supported to provide 13,300 primary school teachers (20 per cent of all primary school teachers), 4,000 school directors and 15,100 school council members with training for capacity and professional development, including gender and HIV/AIDS awareness. This helped prevent further deterioration in the quality of education. The learning environment for more than 340,000 children improved through support for construction and rehabilitation of water and sanitation facilities in primary schools.

11. In HIV/AIDS, the Ministry of Health was supported to establish the first PMTCT sites in 2002, together with Health Alliance International. Technical support was also provided for development of a national PMTCT strategy. By 2005, 83 PMTCT sites had been set up, 30 supported by UNICEF. An evaluation in 2004 indicated that an increasing number of pregnant women were volunteering to undergo HIV counselling and testing in these sites.

12. Government capacity for emergency preparedness and response was supported through annual multisectoral vulnerability assessments, in conjunction with the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Development Programme (UNDP), ensuring improved data on food and nutrition insecurity in drought-affected areas. Integrated supplementary feeding programmes with WFP provided more than 140,000 vulnerable children and more than 70,000 pregnant/lactating women with food and nutritional support.

13. UNICEF was an active advocate for the rights of children, and together with partners supported the development of child-friendly national and sectoral policies and legislation through sector-wide forums: the national Children's Act, the new civil code and plan of action on birth registration, the second National Strategic Plan to Fight HIV/AIDS (PEN II), the Plan of Action for OVC, the Code of Marketing of Breastmilk Substitutes, the PARPA and a scale-up plan to accelerate the response to paediatric AIDS.

Lessons learned

14. Recent internal and external reviews on the role of the United Nations in Mozambique within the context of United Nations reform and the move of

development partners towards Direct Budget Support modalities have shown that the United Nations family will need to focus on areas of its comparative advantage within the changing aid environment. For UNICEF, this entails a continued role as an advocate for child rights and supporter of policy dialogue and development. Greater balance between policy, technical support and capacity-building for service delivery is also needed, through continued engagement in existing mechanisms, including sector-wide approaches (SWAps).

15. The 2004 mid-term review highlighted the need to converge and scale up integrated programmes. As a result, multisectoral approaches to education were initiated, together with a stronger emphasis on an integrated approach to HIV/AIDS across all sectors.

The country programme, 2007-2009

Summary budget table[†]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child health and nutrition	4 390	16 800	21 190
Water, sanitation and hygiene	3 250	23 100	26 350
Basic education	4 990	9 000	13 990
Child protection	1 983	10 600	12 583
Social policy, advocacy and communication	5 100	3 600	8 700
Cross-sectoral costs	2 940	2 900	5 840
Total	**22 653**	**66 000**	**88 653**

[†] Additional funds may be received through Consolidated Appeals as required.

Preparation process

16. The United Nations Country Team has fully aligned the content and cycle of the new United Nations Development Assistance Framework (UNDAF) with the PARPA, developing a three-year framework for 2007-2009. As a first step, the United Nations family fully engaged in the PARPA development process, in lieu of the Common Country Assessment. The ensuing national poverty reduction plan is Millennium Development Goals-based and strongly incorporates human rights principles, particularly those outlined in the Convention on the Rights of the Child. The UNDAF outcomes were developed around the three areas of the PARPA to which the United Nations can make a significant contribution: human capital, HIV/AIDS and governance. Key UNDAF results were drafted through a consultative process, including through a United Nations Strategic Planning Retreat with Government and other development partners.

17. Under the leadership of the Ministry of Foreign Affairs and Cooperation, the country programme was developed through consultations with United Nations agencies, line Ministries, civil society, bilateral and other multi-lateral development partners. Discussions were informed by the updating of the situation analysis of

children, and a series of sectoral studies and surveys. The key results of the country programme are derived from, and contribute directly to, selected outcomes of the UNDAF, with particular focus on the human capital and HIV/AIDS pillars. The key results are fully in line with PARPA targets and the UNICEF medium-term strategic plan (MTSP) for 2006-2009, taking into account comprehensive causal and capacity-gap analyses and the outcomes from several United Nations inter-agency meetings to develop joint strategies in health, nutrition and HIV/AIDS. The key results are also informed by lessons learned from past cooperation, and were validated at a Joint Strategy Meeting held in January 2006, involving a large group of development partners.

Goals, key results and strategies

18. The overall country programme goal is to reduce disparities in the well-being of children by ensuring that vulnerable children in the most disadvantaged families and communities progressively realize their rights to survival, development, protection and participation.

19. The country programme will contribute to a reduction in child vulnerability and an enhancement of child participation at national, subnational and community levels by influencing policy design and implementation, leveraging resources based on reliable data on child poverty and human development, and supporting scale-up of evidence-based integrated programmes. All five MTSP focus areas will be addressed through the key results to be achieved by the end of 2009, described in the following paragraphs.

20. **Child health and nutrition** will achieve these results: (a) national budgets, policies, sectoral strategies and annual plans prioritize issues related to maternal, neonatal and child health and nutrition; (b) at least 80 per cent of health facilities and community outreach services have improved the quality of care in the prevention and the management of neonatal conditions and childhood illness in targeted districts; (c) at least 90 per cent of one-year-old children are immunized with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), and 90 per cent against measles through implementation of the Reach Every District (RED) approach in 45 districts with low coverage; (d) at least 70 per cent of vulnerable children under five receive health facility and/or community-level preventive and curative interventions addressing nutritional deficiencies as required in targeted districts; (e) at least 22,000 pregnant women who are HIV positive and their newborns receive the full PMTCT package in supported sites; (f) at least 8,000 children living with AIDS eligible for antiretroviral therapy receive treatment in supported sites, along with an integrated package of medical, nutritional and psychosocial support and home-based care.

21. **Water, sanitation and hygiene** will achieve these results: (a) national budgets, policies, strategies and plans prioritize vulnerable groups to reduce disparities in access to water, sanitation and hygiene; (b) decentralized planning, monitoring and evaluation and management procedures for drinking water and sanitation in targeted provinces are operationalized; (c) at least 1 million new users, prioritizing vulnerable groups, have access to and use safe water and appropriate sanitation and improved hygiene practices in targeted districts, particularly during emergencies; (d) at least 80 per cent of primary schools in targeted districts have water and sanitation services and hygiene education programmes.

22. **Basic education** will achieve these results: (a) national plans and budgets prioritize primary education and include strategies to increase quality, equity and emergency preparedness; (b) at least 90 per cent of all girls and boys in targeted districts are enrolled in primary school and 60 per cent complete primary education; (c) at least 80 per cent of children aged 10-14 in primary schools in targeted districts have correct information, attitudes and relevant skills to reduce the risk and vulnerability to HIV.

23. **Child protection** will achieve these results: (a) the Children's Act is implemented and monitored through specialized structures; (b) children in targeted districts are living in a community environment that supports the realization of their right to protection from sexual violence, exploitation and abuse; and (c) at least 165,000 OVC (or 15 per cent of the target of the Plan of Action for OVC), together with their families, have access to basic services and social protection.

24. **Social policy, advocacy and communication** will achieve these results: (a) policy analysis and resource allocations are influenced to reduce child vulnerability through the use of up-to-date, reliable disaggregated data and evidence from multisectoral integrated models; (b) Government capacity to deliver basic services equitably is improved through integrated district planning and monitoring and evaluation; (c) the participation of children and young people in decision-making forums and community dialogue is increased; (d) at least 70 per cent of children, families and communities in targeted districts have the information and knowledge required to reinforce positive and healthy behaviours that enhance well-being and promote social change.

25. The human rights-based approach to programming and the following interrelated strategies will guide the design, implementation, monitoring and evaluation of all programmes:

(a) *Targeting of the most vulnerable and marginalized children*, particularly orphaned children and those in remote rural areas, to reduce disparity. This focus has been informed by a thorough situation analysis based on vulnerability criteria (provincial disparity, area of residence, household poverty, gender inequity, HIV/AIDS prevalence). Key strategies include the RED approach for immunization, integrated health and nutrition programmes for malnourished children, and the modelling of a multisectoral initiative to support OVC to access and complete primary education and to benefit from social protection mechanisms and safety nets. Interventions will converge in targeted districts in **seven provinces** with the highest vulnerability levels;

(b) *Institutional capacity development* to ensure high-quality service delivery, particularly at subnational level, complemented at the local level by *community capacity development*. Emphasis will be placed on ensuring ***meaningful participation of children, young people and communities***. Community mobilization and innovative methods of *gender-sensitive communication* will be used to ensure active participation, ownership of communities and sustainable behaviour change;

(c) *Evidence-based advocacy for child rights* to leverage knowledge and resources for children and *policy dialogue, development and analysis* to ensure that children are placed at the centre of the development agenda. Emphasis will be placed on achieving balance and synergy between policy dialogue, strengthening

institutional capacity for improved service delivery, and large-scale integrated initiatives to provide sustainable models for national scale-up;

(d) *HIV/AIDS and gender will be mainstreamed* in each programme component. In line with the Core Commitments for Children, *emergency preparedness and response will also be mainstreamed*, including support of national capacities to respond to sudden-onset emergencies (natural disasters and disease outbreaks), and the longer-term vulnerabilities caused by the Triple Threat of food insecurity, HIV/AIDS and weakened coping capacities.

Relationship to national priorities and the UNDAF

26. The country programme key results will contribute to the achievement of priorities in the Government's Five Year Plan (2005-2009), the PARPA and other sectoral and multisectoral national strategies. The key results contribute to all three pillars of the UNDAF, emphasizing human capital and HIV/AIDS. The country programme cycle is harmonized with the United Nations system within the UNDAF.

Relationship to international priorities

27. The country programme design has been guided by the Convention on the Rights of the Child, the Millennium Development Goals, the goals of the *World Fit for Children* and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS. The results will contribute to all MTSP focus areas, with particular focus and investment placed on (a) young child survival and development; (b) basic education and gender equality; and (c) children and AIDS. These areas were highlighted because of the continued high rate of child mortality, the low standards of quality in education and the growing AIDS epidemic, which threatens to reverse the development gains for Mozambican children over the last decade.

Programme components

28. **The child health and nutrition programme** will be implemented by the Ministry of Health and its provincial directorates within the framework of the Health SWAp. It will support interventions to address the underlying causes of the high mortality and poor nutritional status of children, including inadequate access for the most vulnerable children to integrated child health and nutritional services and gaps in health policy, institutional capacity and quality of service. The programme will contribute to the progressive attainment of the PARPA and Millennium Development Goals targets through health systems-strengthening and service delivery at national and local levels.

29. The programme has four components:

(a) *Policy, planning and advocacy*. This component will cover participation in policy review and development, systems-strengthening and advocacy for, and support to, the development of technical standards;

(b) *Child health*. This will involve support to the expansion of an integrated neonatal and child health approach, including the Integrated Management of Neonatal and Childhood Illness (IMNCI) at community and health facility levels, immunization in hard-to-reach districts, and malaria prevention and treatment, focusing on OVC and pregnant women; maternal health will be integrated into the

IMNCI/Community IMNCI approach and will also be addressed through PMTCT programmes;

(c) *Nutrition*. Support will be given to preventative and curative interventions to address nutritional deficiencies in children under five in targeted areas. Together with WFP, and in response to the Triple Threat, UNICEF will support the Ministry of Health and non-governmental organizations (NGOs) in implementing integrated health and nutrition programmes for malnourished children;

(d) *HIV/AIDS*. This component will involve support to PMTCT programming and an integrated package of treatment, nutritional and psychosocial support and home-based care for children living with AIDS.

30. **The water, sanitation and hygiene (WASH) programme** will be implemented by the National Water Directorate (DNA) and its provincial directorates, within an inter-agency partnership framework (SWAp). It will address low coverage levels, poor service delivery and weak sustainability of water and sanitation facilities, and will support national efforts to reduce the incidence of diseases such as diarrhoea and cholera. The programme will contribute to the progressive attainment of the PARPA and Millennium Development Goals targets through building national and local capacities to provide sustainable and adequate water and sanitation facilities at community, health facility and school levels in disadvantaged rural and poor peri-urban areas of five provinces. Civil society organizations (CSOs), communities and the private sector will be instrumental in implementation and sustainability.

31. The programme has three components:

(a) *Policy, planning and advocacy*. UNICEF and partners will support the adoption of a pro-poor sector policy that focuses on equity, and the development of effective decentralized planning, monitoring and evaluation mechanisms;

(b) *Rural and urban and peri-urban WASH*. UNICEF will support construction of low- cost water and sanitation facilities, including in health facilities. Emergency interventions will be supported to reinforce national systems and strengthen sector capacity;

(c) *WASH in schools*. UNICEF will support provincial authorities in the construction and rehabilitation of water and sanitation facilities in primary schools in the districts targeted by the child-friendly schools initiative. In partnership with the European Union and the Government of the Netherlands, specific resources will be allocated to the National Water Board for the construction of low-cost water and sanitation facilities.

32. **The basic education programme** will be implemented by the Ministry of Education and Culture and its provincial and district directorates, within the framework of the Education SWAp. It will address the poor quality of primary education, focusing on girls and OVC. The programme has two components:

(a) *Policy, planning and advocacy*. UNICEF and development partners will advocate for and support the incorporation of child-friendly, gender sensitive and responsive school approaches in national plans and budgets, focusing on girls and the most vulnerable children in primary schools. Emphasis will be on documenting lessons learned on the process, cost-effectiveness, sustainability and impact of two

initiatives (child-friendly schools and a model of support to OVC in partnership with the Ministry of Women and Social Action and the World Bank). The lessons of these models will be used to advocate and leverage resources for national scale-up;

(b) *Child-friendly schools*. UNICEF will support the modelling of a multisectoral initiative in all primary schools in targeted districts. A minimum package will be implemented, consisting of basic learning and didactic materials, instructional programmes that promote relevant life skills (particularly girls' empowerment and HIV prevention), safe water and sanitation, school-based health and nutrition, support to accessing social services such as birth registration and, in partnership with WFP, provision of school meals, especially in areas with high levels of family food insecurity. The package will also include strengthening the capacity of school councils and enhancing the professional development of teachers, school and zonal directors. The targeted districts for improved access and quality have been identified based on high gender gaps and low enrolment ratios.

33. **The child protection programme** will be implemented primarily by the Ministry of Women and Social Action and the Ministries of Justice and Interior. Partners will work to ensure that children are better protected from violence, exploitation and abuse, and have access to basic services and social protection. The programme has three components:

(a) *Policy and legal reform*. Emphasis will be placed on strengthening the legal, policy and regulatory framework to implement and monitor the new Children's Act. Support will be provided to the line Ministries in the creation of specialized structures for the implementation and monitoring of the Act, and to the strengthening of the capacities of national academies for the police and the judiciary to ensure that children in contact with the law are protected in line with the Convention on the Rights of the Child;

(b) *Prevention of sexual exploitation and abuse*. The Ministry of the Interior will be supported to establish a comprehensive model of *Centros de Atendimento* (care centres) in each province, for preventive services and response mechanisms for victims of abuse, exploitation and trafficking, including gender-based violence. Communities will also be supported to create surveillance systems and expand networks for the protection of children;

(c) *Protection of vulnerable children*. Emphasis will be placed on strengthening the capacities of partners to implement the Plan of Action for OVC, and establish community-based approaches to protect and care for OVC. Support will be provided to Ministry of Women and Social Action and CSOs to establish and expand social protection mechanisms and safety nets to increase the proportion of OVC with access to, and benefiting from, basic services and social protection.

34. **The social policy, advocacy and communication programme** is cross-sectoral, with both oversight and supportive functions. It has two components:

(a) *Social policy, planning, information and monitoring*. Focus will be placed on advocacy, policy review and development, subnational capacity development, and monitoring and evaluation. In partnership with the National Institute of Statistics (INE) the Ministry of Planning and Development and the National AIDS Council (CNCS), it will support the following: increased availability and use of strategic information on the situation of children; establishment of a monitoring mechanism of state budget resource allocation for child poverty and

disparity reduction; strengthening of routine monitoring systems; and use and dissemination of *ESDEM*, the national *DevInfo* database. Data analysis and research will be used for policy dialogue and to promote increased resource allocations for children. Together with UNDP, this component will support capacity development of civil society and local government for improved planning, monitoring and evaluation, focusing on the seven provinces of the multisectoral initiatives;

(b) *Programme communication*. Emphasis will be placed on supporting children and communities to adopt and maintain positive and healthy behaviours and promote social change. The component will be implemented in partnership with the National AIDS Council, national media, the Institute of Social Communication and CSOs. It will focus on community mobilization and awareness to support the four sectoral programmes, using innovative and participatory methods of communication, including multimedia mobile units, community theatre and community radio networks. It will promote youth participation through the involvement of young people in decision-making forums and media programmes. Existing child-to-child radio programmes will be expanded, involving children and young people nationwide, to create space in which to raise children's concerns and stimulate dialogue with children. A child-friendly media network will be established at national and subnational levels, through support to the training of journalists and decision-makers on child rights issues.

35. **Cross-sectoral costs** will cover the management and support of the overall country programme, including private sector fund-raising and media outreach, programme planning and coordination; and staff and operating expenses related to supply, logistics, administration and finance.

36. Regular resources will be utilized for advocacy, policy-level support and technical support for planning, monitoring and evaluation in all programmes. Other resources will support the expansion of integrated initiatives.

Major partnerships

37. Under the leadership of the Government, partnerships will include (a) United Nations agencies, guided by the UNDAF; (b) the World Bank, bilateral and other multilateral partners, within the framework of the Programme Aid Partnership and SWAp mechanisms; (c) international and national NGOs and CSOs, including umbrella organizations, human rights groups, associations of people living with HIV and AIDS, and youth associations, all of which are instrumental in reaching the most vulnerable and ensuring child and community participation; (d) regional and subregional bodies such as the Southern Africa Development Community and the New Partnership for Africa's Development; (e) the private sector, to support service delivery and sustainability; and (f) media, national- and subnational-level communication forums, in raising awareness for child rights.

Monitoring, evaluation and programme management

38. The monitoring framework for the country programme will be set out in a three-year Integrated Monitoring and Evaluation Plan (IMEP), consistent with the UNDAF and the PARPA monitoring matrices. The IMEP and CPD result matrix include key child development indicators to assess progress against expected results. Information sources for tracking indicators will include major national surveys, such as the 2007 Census and 2008-2009 DHS, Millennium Development Goals progress

report, use of *ESDEM*, thematic studies and surveys, routine monitoring systems and field monitoring visits.

39. Periodic evaluations, undertaken jointly with the United Nations and partners, where appropriate, will be built into the annual workplans and reflected in annual IMEPs. Evaluations with donors will be conducted as required.

40. The country programme will be managed through the oversight of a multisectoral Steering Committee jointly convened by the Ministry of Foreign Affairs and Cooperation and UNICEF. Reviews will take place through periodic coordination meetings. Since the programme and UNDAF span three years, there will be no mid-term reviews. The United Nations agencies will conduct annual reviews of the UNDAF, and will increasingly utilize the Joint Review process of the Programme Aid Partners for monitoring progress in implementation of the UNDAF and individual country programmes.

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Short-duration country programme document

Rwanda

Summary

The short-duration draft country programme document for Rwanda is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $4,949,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007.

* E/ICEF/2006/10.

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The situation of children and women

1. Socio-political stability and economic prospects are improving the environment for implementation of the Convention on the Rights of the Child. For instance, through the annual Children's Summit, organized with a view to establishing a Children's Parliament, children have gained a platform for dialogue with authorities, Parliament, civil society, donors and United Nations agencies, at all levels of society. By being empowered to monitor and report on results of summit recommendations, children are now effectively promoting duty-bearer accountability. The Government's decision to establish a National Children's Commission for coordination and strategic orientation to scale up child rights is a good example of this. The creation of a children's cluster, the positioning of a children's "*tutelle*" (guardian) in the Prime Minister's Office, the New Partnership for Africa's Development country peer review/self-assessment process regarding children and the evaluation of the First Poverty Reduction Strategy have further improved coordination among actors and raised the profile of children on political and development agendas. Cluster forum discussions are becoming more rights-centred. United Nations agencies are reinforcing their own capacities in the rights-based approach to help the Government use this approach for planning, monitoring and integrating the rights of vulnerable groups during the development of the Second Poverty Reduction Strategy.

2. Despite steady gross domestic product (GDP) growth of 6-10 per cent during 2000-2003 and 4.2 per cent in 2004, gross national income per capita stands at $220, and 60 per cent of the population lives below the poverty line. Disparities in access to basic services persist; and health and education expenditures represented only 5.9 per cent of GDP in 2005, with expenses largely concentrated in tertiary institutions. Some positive trends include a reduction in the infant mortality rate (IMR), from 107 in 2001 to 86 in 2005, and in the under-5 mortality rate (U5MR), from 196 in 2001 to 152 in 2005 (Demographic and Health Survey [DHS] 2000 and 2005). The reasons for this include high coverage of the expanded programme on immunization; improved malaria control; vitamin A distribution; and increased access to services for prevention of mother-to-child transmission (PMTCT) of HIV, antiretroviral treatment, and safe drinking water. New approaches need to address the high maternal mortality ratio, currently at 1,071 per 100,000 live births; neonatal mortality; and the fact that 45 per cent of children under 5 suffer from chronic malnutrition, 22 per cent are underweight and 4 per cent are acutely malnourished (DHS, 2000 and 2005).

3. Primary net enrolment increased from 73.3 per cent in 2001 (girls 74.9 per cent; boys 72.9 per cent) to 93.5 per cent in 2005 (girls: 94.7 per cent; boys: 92.2 per cent), with the gender breakdown suggesting that Rwanda has achieved parity in primary education (Ministry of Education, 2004 and 2005). The rate of primary school children reaching grade 5 rose from 39 per cent in 1999 to 47 per cent in 2004 (*State of the World's Children Report 2006*, UNICEF), and a specific girls' education budget exists in the education sector strategic plan. However, one out of every four to five pupils drops out at the upper primary grades; hence, the completion rate is only 42 per cent (Ministry of Education, 2004 and 2005). The reasons for this include under-qualified teachers, non-adapted curricula and low household incomes.

4. HIV/AIDS prevalence in the 15-49 age group is 3 per cent — 3.6 per cent for females and 2.3 per cent for males (DHS 2005) — which is down from 5 per cent in 2004 (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2004). However, among the 20-24 age group, the prevalence for girls (2.5 per cent) is 5 times higher than for boys (0.5 per cent). These discrepancies stem from poverty, low literacy and lack of necessary life skills for positive behaviour change. UNAIDS estimates that 22,000 infants are born annually to women who are HIV positive, while PMTCT services are available in 50 per cent of the 400 health facilities. Of the 8,000 children who are HIV positive and in need of antiretrovirals, 1,443 are on treatment; this is an improvement over 2004, when fewer than 400 children were on treatment. Children make up 52 per cent of the population, and close to 30 per cent of them are orphaned and vulnerable children (OVC). The high percentage is a direct consequence of the genocide, war and HIV/AIDS. Among the OVC, 100,096 are living in child-headed households (Population Census, 2002), and there are an estimated 7,000 children who live or work on the street.

5. Vision 2020 is looking at regional integration to sustain peace, stability and security in the Great Lakes Region. The International Conference on the Great Lakes Region resulted in greater openness and dialogue, especially for youth and women. Regarding security and humanitarian operations, the United Nations country team (UNCT) is working to ensure that the Government is prepared to address volcanic-eruption risk in Gisenyi and Goma; the threat of the avian flu; and recurrent food insecurity resulting in population movements to neighbouring countries. The United Nations contingency plan is being updated through the United Nations Disaster Management Task Force. Humanitarian responses included support during the cholera outbreaks and assistance to returnees and to 180,000 refugees (55 per cent women; 45 per cent children) from the Democratic Republic of the Congo and Burundi throughout 2001-2005.

The country programme, 2007

Summary budget table

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Child survival, growth and development	1 599	2 432	4 031
Education and development	992	2 749	3 741
Child protection	248	2 058	2 306
HIV/AIDS	468	579	1 047
Social planning and rights advocacy	850	182	1 032
Cross-sectoral costs	792	0	792
Total	**4 949**	**8 000***	**12 949**

* Additional funds may be mobilized through Consolidated Appeals for emergency purposes.

Reasons for the one-year extension of the 2002-2006 country programme

6. In line with the Paris Declaration on Aid Effectiveness (2005), the Government is pushing for the greater alignment of partners' work with national priorities, strategies, and planning and budgeting cycles. An integrated policy will guide the modus operandi for aid reception, management and accounting, auditing and reporting. In July 2005, the United Nations country team froze the Common Country Assessment/United Nations Development Assistance Framework (UNDAF) process in order to align it with the Government planning cycle. After an evaluation of the First Poverty Reduction Strategy showed that it had weak integration of HIV/AIDS and gender, that it did not have the Millennium Development Goals and Millennium Declaration at its core and that it needed to include OVC issues, the Government launched the preparation of an interim Economic Development and Poverty Reduction Strategy for 2006-2007, laying the groundwork for a full strategy covering 2008-2012. The DHS 2005 report and the Integrated Survey on Household Living Conditions, expected for release in 2006-2007, will provide a revised poverty profile for the new Strategy.

7. The United Nations programme document for 2008-2012 will derive from the new Economic Development and Poverty Reduction Strategy. For this reason, the Executive Committee agencies agreed to a one-year bridging programme for 2007, allowing the United Nations to prepare for major changes in role, positioning and implementation. For UNICEF, the transition period includes a phasing out of long-term direct support to non-governmental organizations/associations and service delivery in favour of more capacity-building and upstream work at the policy level. The new approach will rely on evidence-based advocacy and technical expertise in economic and social policy to achieve greater accountability on the part of duty bearers in the promotion and protection of child rights.

Goals, key results, strategies and relationship to national and international priorities

8. The bridging programme will continue to work towards the goals of the country programme 2001-2006, which were re-validated at the mid-term review (MTR) in 2003: (a) reduce the high infant, under-5 and maternal mortality; (b) ensure universal access to quality primary education; (c) prevent all forms of abuse, exploitation and violence against children; (d) prevent HIV/AIDS among children and adolescents; and (e) promote the involvement of children in decision-making that affects them. The programme will sustain and advance positive trends observed in infant and under-5 mortality, education enrolment and HIV/AIDS prevalence in line with the global AIDS campaign. The bridging programme will work towards these expected key results: (a) increased access to quality health and social services, including for mothers and children who are HIV positive; (b) increased numbers of adolescents accessing comprehensive HIV/AIDS care, support and treatment; (c) increased numbers of orphans, children who live or work on the street and the disabled accessing quality education; (d) an improved legal framework and strengthened protective environment for children at the community level; and (e) increased use of evidence-based advocacy to accelerate the realization of child rights by duty bearers.

9. **Relationship to national and international priorities.** Vision 2020 has articulated Rwandan goals and targets for human capacity development and socio-economic development. The bridging programme will contribute to the attainment of the Vision 2020 targets by addressing Millennium Development Goals 1 through 7, and will rely on several good policy bases for accelerating implementation: Child Health Assessment, Young Child and Infant Feeding Practices in the HIV/AIDS context, the scaling-up plan for PMTCT, the nutrition policy and the policy for water and sanitation. There is a 10-year education sector strategic plan and a fee-free policy for children in primary education. The gender in education reviews 2003-2004, the OVC baseline and the education census in 2004-2005 are also shaping the ground for achieving Millennium Development Goals 2 and 3. The children's protection normative environment has improved with the creation of the following frameworks: (a) The National Policy for OVC in 2003 and its subsequent National Plan of Action; (b) the National Family Policy and the Social Protection Policy; (c) the Five-Year Plan against Harmful and Exploitative Child Labour; (d) the strategic guidelines for children who live or work on the street; and (e) the United Nations General Assembly Resolution 59/137 of 10 December 2004 on assistance to survivors of the 1994 genocide. In addition to these, and the other international frameworks and goals that shaped the country programme 2001-2006, the bridging programme is guided by the UNICEF MTSP 2006-2009, the concluding observations of the Committee on the Rights of the Child in 2004, United Nations reform and harmonization, the Paris Declaration, and the AIDS campaigns "Unite for Children, Unite against AIDS" and "Treat every child as your own".

Programme components

10. Since the MTR, new domains of focus are the scaling-up of the quality PMTCT/family package approach, paediatric care support and treatment, emergency obstetric care, acceleration of a normative environment for OVC, the strengthening of water, sanitation and hygiene education (WASH) in schools and the participation of children and adolescents.

11. The **child survival, growth and development programme** has the following expected results: (a) increased access to a quality antenatal care package and emergency obstetric care for 60 per cent of pregnant women, including care and treatment for mothers who are HIV positive and their families; (b) community-based nutrition, management of childhood illness and early childhood development scaled up in 15 districts; and (c) increased access to safe drinking water and adequate sanitation for 60 schools, 10 health centres and 120,000 people in rural communities. The increased availability of funding for WASH from the Netherlands, Japan and the Schools for Africa Initiative may necessitate a revision of the structure and staff profile for this sector.

12. The **education** programme has the following expected results: (a) a minimum quality package mainstreamed in policies and strategies; (b) retention and completion ensured for 30 per cent of OVC and 50 per cent of girls; (c) life skills developed and monitored for 50 per cent of girls and OVC; (d) child participation strengthened in existing mechanisms, including the Girls' Education Alliance, the monitoring of the Children's Education Fund, and the First Lady's Girls' Education Excellence Prize.

13. **The child protection programme** has the following expected results: (a) a sustainable data collection system established for monitoring the status of orphans, child-headed households, juvenile justice, child labour and children who live or work on the street: and (b) a minimum package on protection, care and support implemented at the community level, using gender-based and domestic violence guidelines, for at least 50,000 OVC. The programme will negotiate the systematic integration of Rwandan children and adolescents from neighbouring countries as a means to nurture peace and stability in the Great Lakes Region. Given the post-conflict environment and the low number of professional social workers, UNICEF will need to advocate for and support the capacity development of these workers in social protection, especially in the areas of trauma counselling and psychosocial support geared specifically to children and women.

14. The **HIV/AIDS and child participation programme**, in support of the commitments of the Head of State, First Lady and the Government, will have the following expected results: (a) scaled-up primary prevention services to increase knowledge and behaviour change among at least 20 per cent of young girls and boys, while ensuring their participation; and (b) ensured access to paediatric treatment, including psychosocial care, for 4,000 children who are HIV positive.

15. The **social planning and rights advocacy programme** has the following expected results: (a) increased upstream work for policy analysis and evidence-based advocacy for child rights; (b) preparation of the Economic Development and Poverty Reduction Strategy, supported and accompanied by United Nations agencies' participation in sector/thematic working groups; (c) a new United Nations programme prepared; and (d) a Children's Summit and the establishment of the National Children's Commission supported.

Major partnerships

16. There are new opportunities to work with Parliament to advance the rights of children, taking advantage of the high ratio (49 per cent) of women Parliamentarians. Collaborations with the World Bank will include the Marginal Budgeting Bottleneck approach; the elaboration of the Social Protection Policy Plan of Action, the establishment of the Social Fund for Vulnerable Groups; and community and insurance health schemes. The ongoing engagement of the Head of State, the First Lady, and the United Nations agencies around the global campaign on children and AIDS will be nurtured. Current partnerships with the private sector will be reinforced to leverage additional resources. Partnerships with the Children's Summit groups and other youth movements and associations will also be reinforced. The sector-wide approaches in health, education, HIV/AIDS and the protection of OVC will operationalize the commitment of partners to contribute resources and technical assistance. The expansion of civil society and media networks is increasing social mobilization. Links will continue with the National Committees for UNICEF of the Czech Republic, Germany and Switzerland and with the United States Fund for UNICEF as well as with additional National Committees (Canada, France and Italy). Continued support is also expected from the Government of Japan and the Japanese International Cooperation Agency.

Monitoring and evaluation

17. Progress made towards achieving the targets of the Millennium Declaration and the Millennium Development Goals will be monitored using *DevInfo* in collaboration with the Rwanda Institute of Statistics. Evaluation will include support to assessing and costing the Economic Development and Poverty Reduction Strategy, preparing a child poverty profile and carrying out a child budget audit. The Office of the Prime Minister is responsible for planning, implementation, monitoring and coordination of child rights and participation.

Programme management

18. The Ministry of Finance and Economy will continue to serve as the national coordination body through the Development Partners Coordination Group and the cluster system. The Central Public Investments and External Finance Bureau of the Ministry of Finance and Economy will continue to assume the overall coordination for the country programme. UNICEF will join in with and align its planning and review processes with the national planning process and budget cycle. The Public Financial Management System is improving, with support of the World Bank, the Department for International Development (United Kingdom) and other donors, and UNICEF will participate in this capacity development in the areas of planning, implementing and reporting on children rights. Changes in the country's administrative structure, (reducing 12 provinces to 5 regions, and the number of districts from 106 to 30) will require some adjustments in the country programme.

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Draft country programme document**

Zimbabwe

Summary

The draft country programme document for Zimbabwe is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $11,115,000 from regular resources, subject to the availability of funds, and $80,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-28684 (E) 300306

Basic data[†] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	6.3
U5MR (per 1,000 live births)	129
Underweight (%, moderate and severe, 2003)	17
Maternal mortality ratio (per 100,000 live births, 2002)	700
Primary school enrolment (% net, male/female, 2003/2004)	79/80
Primary schoolchildren reaching grade 5 (%, 2002/2003)	70
Use of improved drinking water sources (%, 2002)	83
Adult HIV prevalence rate (%, end 2003)	24.6
Child work (%, children 5-14 years old)	26
GNI per capita (US$)	[a]
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	80

[†] More comprehensive country data on children and women are available at www.unicef.org.

[a] Range $825 or less.

The situation of children and women

1. Since the late 1990s, the Zimbabwean economy has been underperforming. Negative economic growth rates resulted in a decline of 30 per cent in the gross domestic product between 2000 and 2006. Contributing factors include recurrent droughts, inflation, foreign currency shortages, low investor confidence, policy constraints, limited donor funding and HIV and AIDS. With inflation at 782 per cent as of February 2006 and declining real value of public social investments, the coping capacities of the 63 per cent of the population under the poverty line are severely strained (Poverty Assessment Study Survey, 2003). Thus, Zimbabwe is unlikely to meet most of the Millennium Development Goals. For example, life expectancy at birth for females decreased from 62 to 46 years between 1992 and 2002 (Central Statistical Office, Census 2002). Between 1994 and 1999, infant and under-five mortality rates rose from 52.8 to 65 per 1,000 live births, and from 77.1 to 102.1 per 1,000 live births, respectively. The maternal mortality ratio increased from 283 in 1984 to 695 per 100,000 live births in the period 1995-1999 (Demographic and Health Survey [DHS], 1999). Though recently published information is not available, these indicators have likely worsened.

2. In the last six years the nutritional status of children has stagnated, with stunting remaining at about 27 per cent. Levels of underweight increased from 14 per cent of children in 1999 (DHS, 1999) to 17 per cent in 2003 (National Nutrition Survey, 2003). Malnutrition levels improved slightly in 2004 but deteriorated in 2005. In December 2005 the Zimbabwe Food and Nutrition Site Surveillance System found 3.4 per cent wasting among its 25 sites, with the highest site reaching 7.3 per cent. Underweight averaged 17 per cent, with the highest site reaching 26 per cent. Low birthweight and vitamin A and iron deficiency anaemia remain significant public health concerns, and the elimination of iodine deficiency through universal salt iodization needs continuous monitoring.

3. The immediate causes of increased morbidity and mortality are preventable diseases and malnutrition; underlying causes are HIV/AIDS, food insecurity and deteriorating social services, which adversely impact child-caring capacity and economic productivity. Formerly a net exporter of food, Zimbabwe has received food aid since 2002 because of a combination of consecutive years of drought, the HIV and AIDS epidemic, economic decline and an underperforming agriculture sector. The number of food-insecure people averaged 2.9 million for the 2005-2006 season, of whom 60 to 70 per cent were children and women (Vulnerability Assessment Committee, 2005).

4. The health and education systems, eroded by deteriorating infrastructure, decreased public expenditures and high attrition of human resources, are now characterized by shortages of essential supplies, reduced accessibility by the poor, low motivation of staff and weakened planning and management capacities. The health system has seen the highest erosion of human resources from "brain drain" and AIDS and has a vacancy rate of 50 per cent and 32 per cent for doctors and nurses, respectively. With AIDS patients occupying about 70 per cent of hospital beds, the strain on health services is enormous, making it difficult for the Government to maintain critical services. Coverage with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) dropped from 80 per cent in 1999 to 58 per cent in 2003, but rebounded to 85 per cent in 2005 thanks to efforts by the Ministry of Health and Child Welfare with support from UNICEF, the World Health Organization (WHO) and donors. Recurrent cholera epidemics in some districts imply deterioration in hygiene and in the coverage and quality of water and sanitation. About a third of rural water supply facilities are non-functional due to poor maintenance.

5. The decline in HIV adult sero-prevalence from 24.6 per cent in 2003 to 20.1 per cent in 2005 is attributed to a combination of lower rates of new infections and mortality. Nevertheless, an estimated 1.61 million adults (1 in 5) lived with HIV/AIDS in 2005, with 160,000 new infections occurring per year and 3,200 AIDS-related deaths per week. Females comprise 56 per cent of people 15-49 years old living with HIV/AIDS. Unequal gender relations fuel the disease, especially through intergenerational transmission. Over 40 per cent of young women aged 12-19 years have sex with men 5 to 10 years older, and 12 per cent report that their last encounter was forced (Orphans and vulnerable children [OVC] survey, 2004-2005). To halt the epidemic, factors such as the lower social and economic status of women, negative sociocultural practices and gender norms, lack of open discussion on sex, sexually transmitted infections, and HIV and AIDS need to be addressed boldly. Access to treatment and care is inadequate. Of the 364, 000 people requiring antiretroviral therapy (ART), only 23, 000 (6 per cent) received it in 2005, with children aged 0-14 years constituting 7 per cent of them. In 2004, only 7 per cent of all HIV positive pregnant women received antiretroviral (ARV) prophylaxis (Ministry of Health and Social Welfare, 2005).

6. Based on recent surveys, UNICEF estimates that 25 per cent of all children, nearly 1.6 million, were orphans in 2005, and 200,000 children lost one or both parents. Furthermore, the 2002 Census found that 50,000 households were headed by a child under 18. Orphaned children are less likely to access health care, attend school and access basic materials (clothes, blanket, shoes) and are more likely to have psychological problems and to be subjected to forced sex in adolescence, and

these factors result in a higher likelihood of contracting HIV (OVC survey, 2004-2005).

7. Although primary school enrolment rates were above 90 per cent in 2004, and showed gender parity (Ministry of Education, Sports and Culture, 2004), attendance and completion rates have been dropping. In 1999, 84 per cent of rural children aged 6-12 years attended school; in 2004 only 77 per cent did (DHS, 1999; OVC survey, 2004-2005). Completion rates have steadily declined since the late 1990s, to 68 per cent in 2004. Under-spending and the brain drain have negatively impacted a number of quality indicators: in 2004, for example, grade 7 pass rates were at an all-time low of 40 per cent and the textbook-pupils ratio was low, ranging between 1:6 and 1:10 in all subjects (Ministry of Education, Sports and Culture, 2004.

Key results and lessons learned from previous cooperation, 2005-2006

Key results achieved

8. The effective humanitarian responses of UNICEF and its partners, including during Operation *Murambatsvina*, led to increased donor funds, especially for the expanded programme on immunization (EPI), malaria, nutrition, OVC and water and sanitation. These resources funded important results in health, including revamping the cold chain systems and increasing coverage in immunization. Malaria interventions were scaled up: coverage of insecticide-treated nets (ITNs) increased from below 20 per cent to over 50 per cent in high-endemic districts. Vitamin A supplementation reached 82 per cent coverage, and 1.3 million children under five were immunized during national child health days. Innovative procurement arrangements assured uninterrupted availability of ARV and tuberculosis drugs. The programme's water and sanitation humanitarian response reached 220,000 people.

9. The country programme contributed to improved understanding of the situation of children and women through the generation of new knowledge. This included support to the 2004-2005 OVC survey; the national inventory and atlases on water and sanitation facilities and interventions; the mapping of nutrition and OVC programmes; the incorporation of HIV and OVC issues in the 2005 Rural Vulnerability Assessment; and the strengthening and expansion of the Zimbabwe Food and Nutrition Sentinel Site Surveillance System. The programme also supported statistical analysis of education, nutrition and OVC data from various sources. *DevInfo* was used to develop the Zimbabwe Statistics Database (*ZIMDAT*) for monitoring Millennium Development Goals.

10. UNICEF supported the development of national and sectoral policies, including the new National HIV/AIDS Strategic Framework 2006-2011, the National Plan of Action for Orphans and Vulnerable Children (NPA for OVC), the Behaviour Change Strategy and National Treatment Strategic Plan. Furthermore, a national Basic Education Policy, and Gender-based Strategy were developed and a review of social protection programmes was conducted in preparation for the National Poverty Reduction Strategy.

11. The programme supported the Government, non-governmental organizations (NGOs) and community-based organizations (CBOs) to scale up community-level assistance to OVC. The Vice-President launched Zimbabwe's NPA for OVC in late

2005. UNICEF provided technical support to the newly established National Secretariat of the NPA for OVC for costing of the NPA and development of a national monitoring and evaluation system coordinated by the National AIDS Council (NAC). A multi-year and multi-donor programme of support was established to enable the efficient and cost-effective channelling of financial resources to children, families and communities in need.

Lessons learned

12. Collaboration with local authorities, Government institutions, donors and other development partners enabled the programme to reach vulnerable people during the humanitarian response. Good programme planning and technical leadership, taking into account the critical role of development partners and focusing on the respect for and promotion, protection and fulfilment of rights, created an enabling environment for sustained policy dialogue and action in response to evolving situations.

13. A well-facilitated process of assessment, analysis and action (Triple A) involving both duty bearers and children was followed in the development of the NPA for OVC, and the subsequent multisectoral and joint programme of support for OVC was critical for scaling up programmes. New knowledge generated from the Triple A processes was swiftly used to plan interventions and to mobilize human, financial and organizational resources. A transparent monitoring and evaluation system and broadened partnerships widened participation, which facilitated reaching children cost-effectively.

The country programme, 2007-2011

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources**	*Total*
Basic education and gender equality	2 000	9 000	11 000
Young child survival and development	2 400	13 000	15 400
Water, sanitation and hygiene	1 000	7 000	8 000
HIV/AIDS and young people's development	2 000	8 000	10 000
Child protection	2 000	40 000	42 000
Strategic planning, social policy and communication	1 000	3 000	4 000
Cross-sectoral costs	715	0	715
Total	**11 115**	**80 000**	**91 115**

* Additional funds may be mobilized for humanitarian responses as required.

Preparation process

14. The 2005 Millennium Development Goals progress report highlighted key national priorities and was the foundation for the United Nations Development Assistant Framework (UNDAF). The UNDAF, developed under the guidance of a

task force co-chaired by the United Nations Resident Coordinator and the Office of the President and Cabinet, involved six thematic groups composed of the Government, United Nations agencies and civil society.

15. An internal strategy meeting in late 2005 reaffirmed the need to prioritize activities, create synergies and build partnerships. The identification of priority areas for intervention was further informed by discussions and findings of mid-year and annual reviews and Joint Programme Reviews, including the updating of the Situation Analysis on Children and Women and the findings of the 2004-2005 OVC Survey and Vulnerability Analysis, in which young people participated. This country programme document was developed in consultation with the Government, United Nations agencies, civil society and donors, and the process included a desktop environmental assessment screening.

Goals, key results and strategies

16. The overall goal of the country programme, in line with the UNDAF, is to promote every Zimbabwean child's right to equitable access to good quality services, including those in health; water, sanitation and hygiene; basic education; and protection. The country programme places OVC and HIV and AIDS at its centre by focusing on vulnerability reduction, gender equality, prevention of HIV, and the survival, protection, care, treatment and support, for those living with HIV/AIDS.

17. In **education**, the programme will contribute to these results: (a) net primary and secondary attendance ratios and completion rates increased by 10 per cent; and (b) life and survival skills incorporated in primary education.

18. In **child survival**, the programme will contribute to these results: (a) immunization coverage with routine antigens increased to 90 per cent; routine vitamin A supplementation coverage increased to 80 per cent; polio eradication maintained; and neonatal and maternal tetanus eliminated; (b) coverage of ITNs for children and pregnant women increased to 80 per cent; (c) prevalence of underweight in under-five children reduced to 13 per cent; (d) deficiencies of vitamin A and iron controlled and the elimination of iodine deficiency disorders; and (e) at least 50 per cent of newborns born at home receiving essential care in convergence districts.

19. In **water, sanitation and hygiene (WASH)**, the programme will contribute to these results: access to an improved water sources increased by 20 per cent and access to basic sanitation increased by 10 per cent in convergence districts.

20. In **child protection**, the programme will contribute to these results: (a) an increased proportion of children protected from violence, exploitation, and abuse; (b) at least 25 per cent of needy OVC reached with free basic support; and (c) registered births among children 0-4 years old increased by at least 25 per cent.

21. In **HIV and AIDS**, the programme will contribute to these results: (a) reduction in HIV prevalence among young people (15-24 years) to below 10 per cent; and (b) coverage of home-based care and counselling increased to 25 per cent.

22. In **strategic planning, social policy and communication**, the programme will contribute to these results: (a) strengthened national information and knowledge on the situation of children and women; (b) quality Millennium Development Goals monitoring; (c) the development and implementation of the National Poverty

Reduction Strategy that addresses key challenges for children and women and gender equality; and (d) advocacy for the realization of child rights.

23. The programme will rely on several strategies: (a) development of the capacity of duty bearers at all levels to respect, promote, protect and fulfil children's rights and the development of the capacity of rights holders, especially children, young people and women, to increase their participation and claim their rights; (b) the use of vulnerability analysis to identify districts for convergence of resources; (c) evidence-based advocacy for the development and implementation of child-centred national and sectoral policies, strategies and legal and institutional reforms that ensure the realization and monitoring of child rights; (d) support to nationwide service delivery of immunization and education; and (e) the mainstreaming of emergency preparedness and response.

Relationship to national priorities and the UNDAF

24. The three national priorities of fighting HIV and AIDS, promoting gender equality and women's empowerment, and reducing poverty are articulated in the Millennium Development Goals Reports (2004 and 2005) and are incorporated into the UNDAF outcome areas. The country programme is designed to contribute to five of the six UNDAF outcomes: (a) reduced spread of HIV infection, improved quality of life of those infected and the mitigated impact of HIV and AIDS; (b) improved access to quality and equitable basic social services; (c) gender mainstreamed and institutionalized in all sectors of development; (d) enhanced national capacity and ownership of development processes towards the attainment of the Millennium Development Goals by 2015; and (e) strengthened mechanisms for promoting the rule of law, dialogue, participation in the decision-making process and promotion of human rights.

Relationship to international priorities

25. Both the UNDAF and the country programme aim to accelerate progress on the Millennium Development Goals and *A World Fit for Children* Plan of Action, emphasizing the care and support of OVC and fighting HIV/AIDS. The programme is also guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the African Charter on the Rights and Welfare of the Child. The programme addresses all five focus areas of the UNICEF medium-term strategic plan 2006-2009 and the UNICEF Regional Leadership Agenda.

Programme components

26. **The basic education and gender equality** programme's key results will be achieved through a focus on the education of OVC, especially girls. Improving the quality and relevance of primary and secondary education, strengthening national systems for Educational Management Information, and the Monitoring of Learning Outcomes will contribute to increased enrolment and completion. The review and updating of core curricula will be complemented by improving access to learning materials and improving teacher effectiveness, including through gender-sensitive teaching and psychosocial counselling. The programme will support school, community and institution-based initiatives that develop capacities for early childhood education and care.

27. The incorporation of life and survival skills into primary and secondary education will be achieved through the implementation of the new strategy for HIV and AIDS in Education and Life Skills. To preserve human resources in education, teachers will be mobilized to access appropriate HIV/AIDS prevention and care services, including ARVs.

28. Linkages will be forged between girls' education; child protection; water, sanitation and hygiene; HIV prevention; and young people's participation and school feeding. The main focal partners will be the Ministry of Education, Sports and Culture, the Ministry of Technical and Higher Education, and the NAC, supported by a network of NGOs.

29. Gender will be mainstreamed through the provision of gender-disaggregated data, the promotion of early, positive gender-socialization, the assurance of the safety and security of girls attending school, the prevention of and response to gender-based violence and sexual and economic exploitation. Advocacy for free OVC education and support from the private sector and international community will complement parental, community and Governmental efforts to address the direct and opportunity costs of schooling. The participation of young people in HIV prevention and girls' education will be mainstreamed through school clubs.

30. The **young child survival and development** programme's key results will be achieved through scaling up high-impact interventions against preventable childhood illnesses, malnutrition and maternal health problems. Within the framework of the Integrated Management of Neonatal and Childhood Illness (IMNCI), Roll Back Malaria and Child Survival Partnership initiatives, the programme will support immunization coverage of routine antigens, Vitamin A supplementation, neonatal interventions and the prevention and control of malaria and other childhood diseases. Inputs will include the procurement and distribution of vaccines, supplies, fuel, bottled gas, transport for outreach and essential drugs to support home-based treatment of childhood illnesses and the training of facility and community health workers.

31. To contribute to the reduction of maternal deaths and improve maternal health, the programme will complement United Nations Population Fund (UNFPA) and WHO in providing emergency obstetric care, focusing on community-based schemes for case referral, and the prevention and treatment of malaria and malnutrition during pregnancy. Neonatal care initiatives at facility and community levels will be supported.

32. The programme will contribute to the Universal Access Initiative by mobilizing efforts for increased uptake and coverage of voluntary and confidential counselling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) of HIV and paediatric AIDS treatment and care. The programme will work with key stakeholders, including civil society organizations (CSOs) in several areas: advocacy for more equitable access to AIDS treatment, especially ART for children and women; procurement of supplies and essential drugs, including ARVs; the training of health workers; and technical backstopping for effective monitoring and accessing of global funds.

33. Support to improved nutrition will emphasize OVC, community capacity development and the integration of nutrition within the overall strategy for HIV and AIDS prevention, care and support, and Community-Based Nutrition. Integration of

community IMNCI, PMTCT, VCT and ARV treatment will include infant and young child feeding. The programme will support the development of a national nutrition policy; a national nutrition surveillance system; elimination of deficiencies of iodine, vitamin A and iron; the therapeutic feeding of severely malnourished children; and in partnership with the World Food Programme (WFP), the continuation of technical support to feeding programmes.

34. The programme's focal points are the Ministry of Health and Child Welfare, NAC, the Food and Nutrition Council and Rural Development Councils.

35. The key results in the **water, sanitation and hygiene (WASH) programme** will be achieved within the framework of the national water and sanitation policy through strengthened Government coordination, capacity development for community and school participatory health, hygiene and sanitation education, as well as management of water and waste systems in rural and peri-urban areas. Efforts will focus on households and communities most affected by HIV/AIDS. To improve the school environment for girls, the programme will support the rehabilitation of school water and sanitation facilities. The capacity of teachers to inform students about WASH, including the critical role of hand washing with soap, will be developed. Partnerships with the public sector, donors and NGOs will be broadened so that community and district capacities can be developed for preparedness and response to outbreaks of water- and hygiene-related diseases such as cholera, diarrhoea and malaria. The programme's focal points are the Ministry of Local Government and Urban Development, the Ministry of Health and Child Welfare, the Ministry of Water and Infrastructural Development and Rural Development Councils.

36. The **child protection** programme's key results will be achieved through addressing issues such as harmful traditional and religious practices (especially those that elevate the HIV risk for girls, including child marriages), the worst forms of child labour, trafficking and deportation, justice for children in contact with the law (children as victims/offenders), violence and abuse, unaccompanied and separated children, and children with disabilities. The programme will support the Ministry of Public Service, Labour and Social Welfare and its National Secretariat and the NAC in advocacy and mobilizing and convening partners for a large-scale response to the challenges facing OVC. The programme will coordinate the implementation of a multi-donor programme of support for the NPA for OVC, ensuring that substantial resources are mobilized and channelled to communities, families and children through intermediary organizations. District-level Child Protection Committees and other district coordination mechanisms will be established or strengthened.

37. To ensure universal early birth registration, measures such as the establishment of sub-offices and mobile teams to reach children in remote areas will be supported. The programme will also work to reunify unaccompanied and separated children (both those on the streets and in institutions); to prevent abuse, exploitation and trafficking of children, with cross-border collaboration; to provide support services for victims and strengthen the victim-friendly court system; and to implement recommendations from the United Nations Study on Violence against Children.

38. The **HIV/AIDS and young people's development** programme will achieve its results by supporting large-scale, effective interventions within the context of United Nations joint programming, including the following; (a) implementation of

the National Behaviour Change Strategy to ensure a focus on young people; (b) improved quality and coverage of community-based care and counselling services; (c) the leveraging of resources, such as those of the Global Fund; (d) the dissemination of new knowledge and documentation of best practices and lessons learned; (e) improved national tracking systems and critical epidemiological analysis; and (f) strengthening the capacities of key partners for effective coordination and implementation of HIV/AIDS prevention and care interventions. The main counterparts will be the NAC and the Ministry of Health and Child Welfare.

39. In collaboration with UNFPA, the United Nations Development Fund for Women and the United Nations Development Programme (UNDP), the programme will address sociocultural and gender-related norms and practices that fuel the spread of HIV, particularly among girls and young women, including gender-based violence and intergenerational sex. The programme will promote and support home-based care and community counselling; participation of young people in prevention activities; peer counselling and life skills initiatives; the development and dissemination of appropriate youth-friendly information, education and communication and training materials; and support to interventions focused on improving communication and connectedness between young people and their parents and other community members.

40. **The strategic planning, social policy and communication** programme will work with the Government of Zimbabwe, the World Bank, UNDP, UNFPA, donors and CSOs in the development and implementation of a National Poverty Reduction Strategy and Poverty Alleviation Action Plan, focusing on children and women and with a view to improving macro-economic fundamentals, including the reduction of inflation, capacity development for governance systems and the stimulation of private sector and better pro-poor and child-friendly investments and expenditure. Gender will be mainstreamed through the provision of gender-disaggregated data. The programme will coordinate linkages with the UNDAF and support capacity development in monitoring and evaluation to inform evidence- based policy development. In addition, the country programme will promote and enhance a national protection system for child rights that reflects international human rights norms, informed by the UNICEF/Government of Zimbabwe 2004 legal review of children and women's rights. Child rights monitoring, through support to the State Party reporting process and capacity development for national institutions, will be key to ensuring quality and timely reporting on the Convention on the Rights of the Child (the last State Party report was submitted in 1996) and the Convention on the Elimination of All Forms of Discrimination against Women. The programme will also promote the participation of children and young people in national processes such as the Millennium Development Goals campaign and child-friendly budget initiative.

41. Strategic, evidence-based advocacy and communication involving media, public mobilization and community dialogue will be implemented for leveraging resources and social and behavioural change. Advocacy for the realization of child rights, focusing on OVC and HIV/AIDS within the larger United Nations global campaign for children and AIDS, will be coordinated with Government line Ministries, other United Nations agencies, donors and National Committees for UNICEF to mobilize the increased commitment of policy makers, politicians,

donors, the private sector, civil society groups and other partners to fulfilling obligations to children.

42. The programme integrates preparedness and response to protect children in accordance with UNICEF Core Commitments for Children in Emergencies. Governmental capacity will be developed for improved coordination of humanitarian actors through cluster working groups and the training of stakeholders on the code of conduct to prevent violence and abuse in humanitarian contexts. The programme will also contribute to the provision of emergency relief for the most vulnerable and provide support to the Government, in coordination with WHO and the Food and Agriculture Organization of the United Nations (FAO), to help prepare for the potential threat of avian flu.

Cross-sectoral costs

43. The programme support component will cover recurrent costs, including salaries, utility costs and security to ensure compliance with the United Nations Minimum Operating Security Standards.

Major partnerships

44. The country programme will be a key component of the broad United Nations partnership described in the UNDAF. Building on lessons learned from the last country programme, UNICEF will continue to be an active member of Government and United Nations-led coordination bodies — including the Working Party of Officials for the NPA for OVC, the Child Protection Working Group, the EPI and Malaria Inter-Agency Coordination Committees, the National Reproductive Health Task Force and Steering Committee, the Expanded Theme Group on HIV/AIDS, the United Nations technical working group on HIV/AIDS, the national PMTCT Partnership Forum, the National Care and Treatment Partnership Forum and the national HIV/AIDS Monitoring and Evaluation Task Force.

45. New strategic alliances will include the United Nations Joint Expanded Support Programme on HIV/AIDS (with the Joint United Nations Programme on HIV/AIDS, UNFPA, WHO and UNDP) and a joint programme with UNFPA and UNDP aimed at strengthening national statistical and Millennium Development Goals monitoring capacity. In education, joint programming with the United Nations Educational, Scientific and Cultural Organization, WFP, FAO, the SNV Netherlands Development Organisation and the European Union/Education Transition Recovery Programme will address girls' education, HIVAIDS and livelihoods at district level. Partnerships with children, donors and implementers at the district and community levels (including NGOs and community and faith-based organizations) will be deepened and broadened.

Monitoring, evaluation and programme management

46. The UNDAF results matrix and monitoring and evaluation plan will provide the overall framework for monitoring and evaluating the achievement of UNDAF outcomes, while a related five-year and annually updated Integrated Monitoring and Evaluation Plan will guide detailed monitoring and evaluation of the country programme. In collaboration with the Central Statistical Office and a United Nations working group on data for development, UNICEF will support the use of *ZIMDAT*, to systematically monitor progress on the Millennium Development Goals. The

2004-2005 OVC survey and the 2006 DHS will provide baseline data for most of the basic indicators.

47. To arrive at a common analysis and provide the basis for further development of programme interventions and advocacy for children, the programme will support a systematic national research agenda on children and women, including through developing the capacity of district authorities to gather disaggregated data through the Village Register. Capacity development among UNICEF staff and partners on performance standards and field visits will further improve monitoring, evaluation and documentation of interventions and will generate lessons for reinforcing and widening the Triple A process.

48. The Programme Development and Monitoring Committee, co-chaired by the Ministry of Finance and the UNICEF Representative, will guide and oversee the programme. Annual reviews will be carried out jointly with the Government and other United Nations agencies within the context of the UNDAF. Internal management will continue to take place through monthly review meetings of the country management team and the programme management team.

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Short-duration country programme document

Equatorial Guinea

Summary

The short-duration country programme document for Equatorial Guinea is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $736,000 from regular resources, subject to the availability of funds, and $390,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

The situation of children and women

1. Equatorial Guinea is a small country of just over 1 million inhabitants, 400,000 of them children. The double-digit economic growth of the last decade that was driven by the oil and gas sector has tapered off to a more modest 6 per cent in 2005. Estimates from 2003 indicate that 82 per cent of the State's income derives from the oil sector. Budgets allocated for basic services are insufficient, and do not create favourable conditions for equitable development. There is a growing lack of confidence in the effective and efficient utilization of oil revenues.

2. There have been some improvements in social indicators but they are not commensurate with the country's recent economic growth. The under-five mortality rate decreased from 206 per 1,000 live births in 1990 to 153 in 2002, and the infant mortality rate from an estimated 120 per 1,000 live births in 1980 to 101 in 2001. In spite of weak institutional and organizational capacities, routine vaccination

* E/ICEF/2006/10.

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coverage has increased (from 27 per cent in 2002 to 60 per cent in 2004), but still remains low. The prevalence rate of HIV/AIDS is 7.2 per cent, and the World Health Organization estimates that at the current rate of expansion, 10 per cent of the population will be infected by the end of the present decade.

The country programme for 2007

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Policy development, advocacy and partnerships	350	133	483
Child survival and development	200	257	457
Cross-sectoral costs	186	—	186
Total	**736**	**390**	**1 126**

3. The development of the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) has been delayed. This short-duration programme has been prepared to allow time for the finalization of the CCA and UNDAF.

4. The previous programme for 2002-2006 focused on two main areas: promotion and monitoring of implementation of children's and women's rights; and child survival and development. The mid-term review, held in 2004, found that programme implementation was hindered by weaknesses in government ownership, civil society and capacities in health and education. The mid-term review recommended that emphasis be put on child protection issues.

5. The overall aim of the short-duration country programme is to assist the country in its progress towards the Millennium Development Goals. It aims to continue building capacities for the realization of the rights of children and families while creating a child-friendly environment. It will continue the child survival and development component of the previous programme, and have a new component on policy development, advocacy and partnerships, which will also cover child protection.

Programme components

6. The **policy development, advocacy and partnerships** programme aims to ensure that protection and fulfilment of the rights of children and families are given high priority within national policies and programmes. It consists of three projects:

(a) The advocacy, social policy and monitoring and evaluation project will support the development of institutional capacities of key partners to monitor and report on child rights. It will establish monitoring and evaluation systems through the implementation of integrated monitoring, evaluation and research activities for the entire country programme. *DevInfo* will be used to strengthen data collection systems within the UNDAF;

(b) The communication, partnerships and resource mobilization project will strengthen strategic partnerships and alliances with the private sector and other key

potential partners. Communication strategies will be developed to support behavioural change in the districts targeted by the child survival and community development projects;

(c) The child protection and HIV/AIDS project will strengthen capacities of families, communities and institutions to identify and react rapidly to situations of child exploitation, trafficking, domestic violence, neglect and abuse. UNICEF will support the Government in reforming its legal system, with a focus on juvenile justice. In the area of HIV/AIDS and children, the project will also address two of the four "Ps" of the campaign *Unite for Children, Unite against AIDS*: protection and care to children orphaned by AIDS and the prevention of HIV/AIDS among youth and adolescents.

7. The **child survival and development** programme aims to strengthen capacities for the realization of child rights at the level of families, service providers and policy makers through two projects. The child survival project will aim to reduce infant and child mortality rates due to vaccine-preventable diseases, malaria, diarrhoeal diseases and malnutrition nationwide, and to reduce maternal mortality in selected districts. The objectives of the project are to achieve 90-per-cent immunization coverage for children under five years of age. In the area of HIV/AIDS and children, the project will also address the other two of "Ps" of the campaign *Unite for Children, Unite against AIDS*: prevention of mother-to-child transmission of HIV and paediatric care. The education and community development project will contribute to reducing gender-based disparities in terms of completing basic education, and to reduce the incidence of diarrhoeal diseases among children under five years of age through increased access to and utilization of potable water, school latrines and hygiene education. In case of declared emergencies, the programme will ensure that every child has access to life-saving interventions. UNICEF will support government development and implementation of large-scale avian flu communication strategies based on the local context and building capacities to ensure health and well-being of people, especially children, through adoption of protective hygiene and nutrition behaviour and practices to stop the spread of the disease.

8. Partnerships with the private sector, especially the oil sector, will be expanded. Combined with the resources of the State, these partnerships will eventually create a sustainable child-friendly programme environment.

9. The office will continue to be managed under the Area Office in Libreville, Gabon, thus offering expanded opportunities for staff exchanges and developing the capacities of counterparts.

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Draft country programme document**

Gabon

Summary

The draft country programme document for Gabon is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $3,075,000 from regular resources, subject to the availability of funds, and $4,160,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-28681 (E) 300306

Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	0.6
U5MR (per 1,000 live births)	91
Underweight (%, moderate and severe, 2000)	12
Maternal mortality ratio (per 100,000 live births, 1994/2000)	520
Primary school attendance (% net, male/female, 2000/2001)	94/94
Primary schoolchildren reaching grade 5 (%, 2002/2002)	69
Use of improved drinking water sources (%)	87
Adult HIV prevalence rate (%)	8.1
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	3 940
One-year-olds immunized against DPT3 (%)	38
One-year-olds immunized against measles (%)	55

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The political situation in Gabon is characterized by peace and security. Since the early 1990s, the country has developed its own brand of democracy, with more than 30 parties united within the presidential group. Following an electoral pledge by the President to provide better quality services for all in health and education, a new Government was put in place in January 2006. Several key social sector ministries were placed directly under ministers of state and others in the Prime Minister's office.

2. According to the 2005 census, the country's population is now 1.5 million, 40 per cent of whom are children under 15 years of age. There are some 40,000 pygmies who often live in remote forest areas without access to adequate basic services. The population growth rate is 2.6 per cent per year.

3. Given its resources from oil revenues, the country may be able to reach several of the Millennium Development Goals if there is adequate political support. Particular progress is likely to be achieved with regard to the Goals for universal primary education, reduction of child mortality, improving maternal health and combating HIV/AIDS. The significant gap between Gabon's gross national income per capita and its Human Development Index ranking, with 60 per cent of the population living under the threshold of poverty, indicates scope for significantly improving the social situation with appropriate policies and investments. However, because Gabon is classified as a middle-income country, it is not eligible for support from the Global Alliance for Vaccination and Immunization. Similarly, although it is heavily indebted, Gabon is not entitled to debt forgiveness under the Heavily Indebted Poor Countries Initiative.

4. During the last 30 years, Gabon's economy has relied on income from exploration of crude oil by foreign companies. Recent discoveries of mineral resources in several parts of the country, combined with a new emphasis on agricultural development and ecotourism (following conversion of virgin rain forests into nature reserves), carry the promise of more sustainable development.

5. Although the infant and under-five mortality rates of 61 and 91 per 1,000 live births respectively remained unchanged, recent government data show that there has been progress. Routine vaccination coverage has increased in the main cities of eight of the country's 10 districts. However, national averages for immunization coverage are still unacceptably low, at 38 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and only 55 per cent for measles. Nationally, coverage for vitamin A supplementation is only 30 per cent. The principal causes of infant mortality are acute respiratory infections, malaria and diarrhoea. The use of basic family practices such as exclusive breastfeeding (6 per cent) or oral rehydration therapy (44 per cent) are lagging behind. Maternal mortality also remains too high, especially because of the poor quality of health services.

6. Gabon's net primary school enrolment rate is among the highest in Africa. In 2000, the net enrolment rate for children aged 6-15 years was estimated at 94 per cent, with very small variations between rural and urban areas. Despite this positive situation, however, the primary education system is characterized by a high number of school drop-outs and high repetition rates mainly due to poor parental support and the poor quality of teaching.

7. The HIV prevalence rate is 8 per cent, a figure that has not increased during the last few years. There are 52,000 people living with HIV/AIDS, including 3,000 children under age 15 years. A 2003 report estimated that during that year alone, about 4,000 persons died from AIDS-related causes. The total number of orphaned children is estimated at a little less than 13,000.

8. Inadequate legislation to ensure care and support to children deprives too many of them of equal opportunities for survival and development. Increased family disintegration, widespread poverty, ignorance, traditional and ritual practices and polygamy — often aggravated by absence of paternal responsibility with a high number of female-headed households — all continue to threaten children's rights. The Committee on the Rights of the Child has recommended that urgent attention must be paid to children in conflict with the law, child trafficking and exploitation, early pregnancies, domestic violence and neglect and abuse of children.

9. In terms of policy development and partnerships, issues affecting children and women are often not given the necessary priority. This is reflected in poor budgetary allocations to support survival, development and protection of children. The role of families and communities, including local governments, is not clearly reflected in national policies and programmes. There is a need to create a sense of social responsibility among key potential partners capable of making more contributions to programmes for children.

Key results and lessons learned from previous cooperation, 2002-2006

Key results

10. The UNICEF programme of cooperation contributed to improved community involvement in local governance through the establishment of community development committees in the target intervention areas in Libreville, Owendo and the province of Ogooué Maritime. Although they still need to become formally integrated into the administrative system of the Government, the committees helped to empower families and to raise community awareness on issues affecting children and women.

11. Strategic use of advertising approaches helped to create a positive public image of Gabon's commitment to addressing the priorities of the UNICEF medium-term strategic plan (MTSP) and the Millennium Development Goals, especially those related to child protection, such as combating child trafficking and vaccine-preventable childhood illnesses. Communication and advocacy interventions thus contributed greatly to creating a strong sense of ownership of key parts of the UNICEF — Government programme of cooperation

12. Since Gabon submitted its initial report to the Committee on the Rights of the Child in 2002, a National Plan of Action has been adopted as part of institutional measures to implement the Committee's key recommendations. Poor coordination and weak definitions of responsibilities among relevant ministries resulted in limited progress, which was further aggravated by inadequate budgeting to ministries with well-defined roles.

13. As a result of high-level advocacy by UNICEF and the World Health Organization (WHO), the Government provided funds to buy vaccines through UNICEF Procurement Services for a period of three years (2004-2006). The availability of these funds and the strategy of "Reach Every District" helped to increase routine immunization coverage for DPT3 in eight of the country's 10 districts from 17 per cent in 2000 to 60 per cent by the end of 2005. The immunization programme was used as an entry point to fight malaria and to promote parental education and birth registration. This strategy has demonstrated the importance of regular supervision and technical field support for improving routine vaccination coverage.

14. UNICEF, in close collaboration with the Embassy of Canada, supported the Ministry of Health in establishing a community health centre in Owendo community. The centre aims to demonstrate the value of a cost-recovery system, which if brought to scale could eventually assure availability of primary health services throughout the country.

15. In the context of having in place policies supportive of good nutrition, a decree prohibiting the importation of non-iodized salt was adopted in 2004, which could make it possible to achieve nationwide salt iodization by 2006. A code prohibiting free distribution of milk substitutes was approved by the Council of Ministers. Adherence to these two key decisions will require continued field monitoring and regular communication support to service providers as well as to the public at large.

16. Thousands of mobile telephone users were sensitized via SMS messages on HIV/AIDS during the launching by the President and First Lady of the "Unite for

Children, Unite against AIDS" campaign. In January 2006, a new Ministry with specific responsibility for combating HIV/AIDS was established. The Minister declared that fighting HIV/AIDS is the duty of all, thus opening the way for a much stronger involvement by non-governmental organizations (NGOs) and civil society.

17. Selected pygmy communities were sensitized leading to their growing awareness of the importance of adopting new life styles to lower high rates of morbidity and mortality. The focus by UNICEF on these marginalized and often discriminated communities also led the Government and the public to adopt a more positive approach to these citizens. Support from the United Kingdom Committee for UNICEF will enable UNICEF to continue to support government efforts to bring all of the pygmies into mainstream society.

18. New legislation on child trafficking and exploitation makes trafficking of children a criminal offence. Gabon has adopted a decree which defines roles and coordination procedures among all partners, including from the Government and NGOs. This is an indication that Gabon is willing to address child trafficking not merely as a national problem, but as one which can only be solved when addressed at the subregional level, namely West and Central Africa. As a strategic partner with the Government in combating child trafficking, the UNICEF Area Office in Libreville extended technical support to the Economic Community of Central African States.

19. Significant progress was made by Government and NGO partners, especially with the Catholic Church and the Islamic community, to establish public and NGO structures that provide assistance, accommodation, medical care and psychosocial support to child victims of trafficking. To date, about 200 children have benefited from these services before a majority of them were repatriated.

20. The country programme helped to strengthen the capacities of the Ministry of Social Affairs in developing and using the data collection systems necessary to make appropriate decisions for social policies and programme development at national level. These systems were established to improve coordination and reporting mechanisms between national and provincial levels, thus enabling the Government and its partners to better monitor progress towards achieving the Millennium Development Goals. The information database will feed into *DevInfo*, the joint United Nations monitoring system for the Goals.

21. In close collaboration with Marathon Oil Corporation, UNICEF and the Ministry of Social Affairs conducted a Youth Forum that reached about 630 young people and adolescents via radio and television in the Province of Ogooué Maritime. The aim of the Forum was to raise awareness on the risks of early pregnancy and sexual exploitation and thus avoid school drop-out by young people and adolescents, particularly girls.

Lessons learned from previous cooperation

22. The launch by UNICEF, in 2003, of a partnership initiative with the private sector, including the oil companies, generated significant support from programme partners, even beyond the targeted business community. This opportunity has created an enabling environment for political commitment, local ownership and national capacity development. Collaboration with selected companies holds the promise of serving as an entry point to the private sector at large.

23. The involvement of the private sector, especially the business community, has also made UNICEF an attractive partner for several non-traditional government ministries, such as Defence and Finance. The demand for partnerships exceeds the current UNICEF capacity for response. A more strategic approach to building partnerships will be required for what is likely to become an increasingly important funding source for children in the future.

24. The midterm review (MTR) of the country programme, held in 2004, showed that there had been limited convergence of different programme components in the three targeted intervention areas of Libreville, Owendo and Ogooué Maritime. Implementation progress was often slow and sustainability of results was threatened because of failure by the Government to allocate the necessary resources; lack of institutional support structures; and continued reliance on centralized decision-making bodies which negatively affected community involvement in areas affecting children and youth.

25. The MTR also concluded that the integrated management structure established in 2001, under which staff in the Area Office in Libreville provide oversight and technical support to two other country offices, Equatorial Guinea and Sao Tome and Principe, had added value to programmes in a cost-efficient manner by way of staff complementarity, joint programme monitoring indicators and development of common management instruments.

The country programme, 2007-2011

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Policy development, advocacy and partnerships	575	1 650	2 225
Capacity-building for child survival, development and protection	2 000	1 950	3 950
Cross-sectoral costs	500	560	1 060
Total	**3 075**	**4 160**	**7 235**

Preparation process

26. The preparation of the new country programme began in 2004 with the MTR. The Common Country Assessment and the United Nations Development Assistance Framework (UNDAF) were completed in 2005 by the United Nations country team in consultation with communities, NGOs, religious leaders and all government line ministries, under the aegis of the Coordination Unit of the Planning and Development Ministry.

27. UNICEF was assigned a leadership role by the Resident Coordinator in all steps of the country programme preparation process. The 2007-2011 programme of cooperation was formalized during a joint strategy meeting in February 2006.

Goals, key results and strategies

28. The overall goal of the country programme is to contribute to achieving the Millennium Development Goals by building capacities for the realization of the rights of children and families, while creating a child-friendly environment.

29. The country programme will also contribute to the Millennium Development Goals by empowering families to exercise their rights to demand services for children, and strengthen capacities of institutions to offer services ensuring fulfilment of the rights of children and women within national programmes.

30. The programme aims to achieve the following results: (a) families and service providers are empowered to ensure child survival, quality education and early childhood development, contributing to the average annual reduction of the under-five mortality rate of at least 6.6 per cent required to reach Millennium Development Goal 4; (b) legal frameworks are strengthened to enable families, communities and institutions to respond appropriately to prevent and protect children from exploitation, trafficking, abuse and violence; (c) care and services are increased for 13,000 children orphaned and made vulnerable by HIV/AIDS; (d) services for prevention of mother-to-child transmission of HIV (PMTCT) will be extended throughout the country to eventually reach 35,000 women, and all secondary schools in the country will have established peer education AIDS clubs; (e) issues affecting children and women are given high priority in public sector investment programmes and in the allocation of national resources, thus contributing to the required annual 7.4 per cent reduction of maternal mortality to reach Millennium Development Goal 5; (f) partnerships with the private sector expanded and consolidated; and (g) the Government providing up to 20 per cent of its annual budget for basic services.

31. UNICEF will continue to support convergence and concentration of its interventions in the areas targeted by the previous programme, in Libreville, Owendo and Ogooué Maritime, with the intention to go to scale after the MTR in 2009. The programme will stress empowerment of families and communities to enable them to demand better services for children. Capacities of service providers in work planning, setting objectives, programming and monitoring will be strengthened, as will the capacities of institutions for national policy development. Advocacy, communication and strategic partnerships will give visibility and policy support to the mission of UNICEF. Service delivery will be used in selected geographic areas of specific needs and vulnerability, including any emergency response at national level. Children and youth will to the largest extent possible be partners in the planning and execution of these activities.

Relationship to national priorities and the UNDAF

32. This country programme is derived from the UNDAF for 2007-2011, which is based on national priorities and also builds on the poverty reduction strategy paper (PRSP). Through this programme UNICEF will in particular contribute to the first two of the four UNDAF outcomes: (a) children under age five and women of child-bearing age have improved access to quality health services; (b) the national response to HIV/AIDS and malaria is strengthened; (c) local governance and community capacities improved; and (d) reducing poverty with emphasis on vulnerable groups through diversification of the economy. The programme will

support national and community capacity-building, policy development and scaled-up implementation for selected basic services.

Relationship to international priorities

33. The programme will contribute to the development of the country's capacities to respect, protect and promote the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. The country programme addresses the goals of *A World Fit for Children*, the Declaration of the General Assembly Special Session on HIV/AIDS and the UNICEF MTSP. The four "Ps" of the "Unite for Children, Unite against AIDS" campaign will also be integrated in all health, protection and education projects. The country programme will give special attention to the Plan of Action for the African Family, adopted by the Conference of Head of States of the African Union in Addis Ababa in 2004. Also in 2004, African Ministers for Family Affairs agreed on implementation strategies and monitoring indicators with the objective of empowering African families and strengthening their capacities to ensure the rights of their children for survival, development and protection.

Programme components

34. The proposed country programme will have two programmes that are in line with the priorities of the UNICEF MTSP for 2006-2009 and in turn with the Millennium Development Goals. While all of the five MTSP focus areas will be addressed, particular emphasis will be given to areas 1 (young child survival and development), 4 (child protection) and 5 (policy advocacy and partnerships for children's rights).

35. The **policy development, advocacy and partnerships** programme aims to ensure that protection and fulfilment of the rights of children and families are given high priority within national policies and programmes. It will promote policy development for appropriate institutional frameworks and resource allocations for priority social areas as well as to seek increased partnerships involving civil society and the private sector.

36. The advocacy and social policy project will achieve the following results: (a) bring issues concerning children to a predominant position on local government agendas and increase the voice and participation of communities and families in the process; (b) institutional capacities of key partners to monitor and report on child rights will be strengthened; (c) specially designed advocacy bulletins on the need for policy development will be targeted at policy makers to influence equitable allocation of national resources in favour of basic social services for children thus assisting the Government to implement its commitment to the "20/20" principles and the PRSP; (d) local governments will be helped to establish monitoring and evaluation systems through the implementation of integrated monitoring, evaluation and research activities. The *DevInfo* database will be used to strengthen data collection systems within the UNDAF, supported by the latest Demographic and Health Survey; and (e) key policies will be reviewed to ensure their coherence with the attainment of the Millennium Development Goals and key initiatives such as the New Economic Partnership for Africa's Development and the African Union Plan of Action on the Family. Child-friendly policies in the areas of child protection and

HIV/AIDS will be promoted both to create a protective environment and to generate a more favourable environment for mobilization and leveraging of funds for children.

37. The communication, partnerships and resource mobilization project will strengthen strategic partnerships and alliances with the private sector and other key potential partners with the capacities and willingness to contribute resources for child rights programming. The main challenge is to build sustainable alliances and to communicate successfully with all partners for leveraging resources and results for children.

38. The **capacity-building for child survival, development and protection** programme aims to strengthen capacities at the level of families, services providers and policy makers in the areas of child survival, development and protection. Key results of this programme will include: (a) increased access to quality health services, thus contributing to Millennium Development Goal 4; (b) improved service delivery through increased orientation of services towards the target population; (c) expansion of PMTCT services to eventually reach all pregnant women; and (d) consistent implementation and monitoring of bilateral agreements on child trafficking, resulting in reduced levels of trafficking and identification of and assistance to victims.

39. The child survival and health promotion project will operate at national, community and family levels. At national level, it will focus on the following results: (a) evidence-based and high-impact health and nutrition interventions and practices, which, when converged, will have a rapid and sustainable impact on maternal and infant mortality rates; (b) it will support nationwide interventions in collaboration with WHO, the United Nations Population Fund and other defined UNDAF partners, and will contribute to achieving Millennium Development Goal 4; (c) the project will contribute to the reduction of mortality and morbidity due to malaria and vaccine-preventable illnesses, especially measles. Approximately 215,000 children aged 0-5 years will be immunized and receive vitamin A supplementation, and insecticide-treated nets (ITNs) will be systematically distributed to fully immunized children.

40. At community level, the project will empower families to obtain better services through their active involvement in a high-impact package of key interventions such as the use of ITNs by children under age five years and pregnant women, vitamin A supplementation, exclusive breastfeeding, oral rehydration therapy and hand-washing. A life-cycle approach will be applied to ensure a continuum of care from pregnancy through childhood interventions in the three selected geographical areas carried over from the previous programme of cooperation. Demonstration models will be developed and replicated on a gradually expanding scale as government and community resources become available. Health and outreach workers will be empowered to conduct parental education in infant feeding and early learning.

41. In case of declared emergencies, the programme will ensure that every child has access to life-saving interventions. UNICEF will support government development and implementation of large-scale avian flu communication strategies based on local conditions, building capacities to ensure people's, and especially children's, health and well-being through adoption of protective hygiene and nutrition behaviours and practices to stop the spread of the disease.

42. At the family level, a rights-based approach will be used to build capacities in terms of knowledge, attitudes and practices, and to empower families through parental education to demand basic services for children. Families will also be empowered to play a stronger role in the management of health centres, based on the community-friendly health centre model brought to fruition during the first half of the country programme.

43. The child-friendly community capacity development project aims at improving children's readiness to start primary school, especially in the poorest, vulnerable and marginalized communities, including pygmies. The project will address all aspects of life skills, parental education and community capacity development through the use of child-friendly schools and community-friendly health centres. It will strengthen local governance systems while establishing child-friendly environments at the levels of families, communities, schools and local authorities. The project will also aim to reduce gender-based disparities, especially to ensure that girls will have equal opportunities with boys to complete primary school and continue secondary education. The school garden initiative, largely financed by the business community, will be strengthened to serve as a link between communities and the school, while serving to teach students, parents and communities alike of need for sustainable development in an increasingly fragile environment.

44. The HIV/AIDS and children project, which is a joint United Nations project, includes the four "Ps" of the campaign, "Unite for Children, Unite against AIDS": PMTCT, paediatric care, protection of orphans and prevention. It will focus on ensuring that all children are born HIV-free, by having in place an effective PMTCT programme. By 2009, all mothers giving birth will have access to a PMTCT site and be aware of its importance for child survival. The Government will receive technical support for establishing policies and budgets to support families and communities particularly affected by children orphaned and made vulnerable by AIDS, and to ensure access to anti-retroviral treatment for all clients (mother, father and child) frequenting PMTCT and treatment sites to prevent orphaning. This project seeks to reduce adolescent's risks and vulnerability to HIV/AIDS by ensuring appropriate knowledge and promoting safe behaviour.

45. The child protection project will strengthen families, communities and institutional capacities and responses to identify and react rapidly to situations of child exploitation, trafficking, domestic violence, neglect and abuse. Through this project, the Government will be assisted in reforming its legal system with a focus on the juvenile justice system. Another aspect will address traditional and ritualistic practices that are harmful to children by identifying strategies and interventions to halt such practices. In the context of this project, the United Nations system will combine efforts in a joint project in Ogooué Maritime province for poverty reduction and family empowerment.

46. Cross-sectoral costs will be used to provide technical support to planning, implementation and monitoring of the country programme, for staff development and to ensure opportunities for collaboration between the three offices covered by the Area Office (Gabon, Sao Tome Principe and Equatorial Guinea).

Major partnerships

47. Collaboration with United Nations agencies will be undertaken within the UNDAF. As noted in paragraphs 44 and 45 above, there will be joint United Nations

planning and implementation on two projects. Strategic alliances and regular contacts will continue to be maintained with donors, media, NGOs, religious groups and government counterparts at all levels, including non-traditional UNICEF partners in the social sector.

48. Partnerships with the private sector, especially the oil sector, will be expanded. Combined with the resources of the State, these partnerships will be necessary to create a sustainable child-friendly programme environment that gradually will reduce Gabon's dependency on external support for child survival, development and protection.

Monitoring, evaluation and programme management

49. The Ministry of Planning is the national coordinating body for the programme of cooperation. Monitoring, research and evaluation activities for the country programme will be coordinated through a five-year integrated monitoring and evaluation plan (IMEP). The country management team will use the IMEP and results-based matrices for effective programme management on the ground. Technical support and oversight to be provided by the Area Office in Libreville will be ensured by the Area Management Team.

50. The staffing structure will be refined on the basis of experiences from the previous country programme with regard to focal points for each MTSP focus area. Tri-country work planning will be further elaborated with a view to improve the oversight functions of the Area Office and to develop cost-efficient implementation plans.

51. A matrix of country office performance indicators will be used to assess strengths and weaknesses, thus providing an opportunity to identify critical issues that significantly affect the situation of children and women throughout the programme cycle. There will be a MTR of the programme in 2009, when the UNDAF will also be reviewed.

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Draft country programme document**

The Republic of Guinea

Summary

The draft country programme document for the Republic of Guinea is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $17,000,000 from regular resources, subject to the availability of funds, and $27,200,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006 at the same time as the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[a] *(2004 unless otherwise stated)*[b]	
Child population (millions, under 18 years)	4.6
U5MR (per 1,000 live births)	155
Underweight (% moderate and severe)	26
Maternal mortality ratio (per 100,000 live births) (1992-1999)[b]	530
Primary school attendance (% net, male/female)	59/54
Primary schoolchildren reaching grade 5 (%) (2003)	94
Use of improved drinking water sources (%) (2002)	51
Adult HIV prevalence rate (%) (end 2003)	3.2
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	460
One-year-olds immunized against DPT3 (%)	69
One-year-olds immunized against measles (%)	73

[a] More comprehensive data on children and women are available at www.unicef.org.
[b] UNFPA/WHO/UNICEF.

The situation of children and women

1. Guinea is going through a profound political and socio-economic crisis. The population, estimated at 9.1 million inhabitants, of whom 50 per cent are younger than 18 years of age live in conditions that remain among the worst on the continent. From 2000 to 2005 there was little or no progress towards achieving the Millennium Development Goals apart from the significant progress towards universal school enrolment.

2. Millennium Development Goal 5 (reducing the maternal mortality ratio) continues to be a major challenge. On the other hand, Goal 4 (reducing the under-five mortality rate) could be achieved through an annual reduction of 5 per cent. The main causes are malaria, neonatal problems, pneumonia and diarrhoea, due in 50 per cent of cases due to malnutrition. Twenty-six per cent of children are underweight and 35 per cent suffer from stunted growth. Attempts to provide health care are stymied by management and logistical constraints, a dysfunctional health system and shortages of medications, vaccines and essential supplies at hospitals, clinics and health-care centres.

3. The proportion of the population with access to safe drinking water is 51 per cent. The quality of water deteriorates in most cases (66 per cent) between drawing and consumption. The sanitation situation is still more worrisome, with hygienic latrines being available to only 28 per cent of the population. Regarding rules of hygiene, only 50 per cent wash their hands with soap and water after moving their bowels, 8 per cent after washing a child's anal area, 26 per cent before eating and 3 per cent before feeding their children. Hence, cholera persists in Guinea and has for some years, making the country a significant locus of the endemic disease.

4. The gross school enrolment ratio increased from 60 to 77 per cent from 2000 to 2004, according to statistics for the school year 2004/05. School enrolment for young girls faces sociocultural obstacles as well as the current limitations of the school system in Guinea. In the year 2000, 51 per cent of girls were enrolled in

school, whereas in 2004 the rate had increased to 70 per cent. This positive trend, which has been noted for several years now, reduced the school enrolment gap between girls and boys from 31 per cent in 1997 to 11 per cent in 2005. Preschool education and literacy are increasing very slowly, and one school-age child in four does not yet enjoy his or her right to quality basic education. The causes have to do with inadequate infrastructure and personnel planning, a small education budget and a dearth of school textbooks and teaching materials.

5. The prevalence of HIV infection among men and women aged 15-49 was 1.5 per cent, with a rate of 2.4 per cent in urban areas and 1 per cent in rural areas in 2005 according to the demographic and health survey. The rate is higher among women, 2 per cent, as compared to 1 per cent for men. Among young people aged 15-24, the rate is 2.4 per cent among females, as opposed to 1.2 per cent among males. The victims of this pandemic are increasingly to be found among females and among the young. The infection rate among prostitutes rose from 32 per cent in 1995 to 42 per cent in 2002. The prevalence of HIV infection among children is estimated at 3 per cent of the 9,279 cases of AIDS reported from 1981 to 2001, and 6,520 new paediatric infections are expected in 2006. The low rate of condom use is the immediate cause for the spread of HIV/AIDS, and this is compounded by a dearth of facilities to respond to the situation, the near absence of sex education in the school and university curricula and poor coordination on the part of the actors involved.

6. Of the 4.6 million children, over 600,000 work or beg to provide for their own needs and those of their families; 420,000 are orphans, of whom 35,000 were orphaned as a result of the AIDS epidemic. The rate of registration of births, although increasing, remains low (38 per cent). An increasing number of children and women are victims of violence and abuse. The practice of excision persists and is performed on 96 per cent of women. There is also the issue of children affected by or involved in armed conflict. Child protection problems are primarily concentrated in urban areas, near mining operations and in areas of population movement (at the junctions of major travel routes, border areas).

7. The security situation both domestically and externally continues to be cause for concern. Recent positive developments within the Mano River Union (Guinea, Liberia, Sierra Leone), the holding of presidential elections in Liberia in acceptable conditions and the appointment of a new prime minister by consensus in Côte d'Ivoire have all contributed to calming the climate of crisis and insecurity, particularly along the borders. Domestically, the fact that various demands contained in an opposition memorandum have been satisfied has led to the easing of political tensions. However, the results of district and community elections have been contested by opposition parties, who have suspended their participation in the National Assembly

8. The country continues to face difficulties in financing development. There has been a general decline in official assistance, and certain bilateral partners have withdrawn. The Government has launched a diplomatic offensive vis-à-vis its bilateral and multilateral partners which has resulted in an agreement on an interim programme with the International Monetary Fund and the World Bank and some financing agreements for projects in priority sectors (education, health, agriculture, housing/urban development, local communities/decentralization). Moreover, negotiations with the European Union have led to a resumption of the cooperation

frozen since 2003 and to the relaunching of direct financial assistance. However, the key problem has to do with poor governance. Thus, support for political, economic and institutional governance has been identified as a priority area in the United Nations Development Assistance Framework (UNDAF) 2007-2011.

9. In spite of the delay in submitting the periodic report on the Convention on the Rights of the Child to the Committee on the Rights of the Child, the will manifested by the Guinean Government to protect the rights of the child has led to: (a) the development of a Guinean children's code; (b) the signing of two multilateral protocols of agreement with the countries of the West African subregion on trafficking in children and development of a national plan of action; and (c) efforts to prevent the recruitment of children into the armed forces and armed groups.

Key results and lessons learned from previous cooperation (2002-2006)

Key results

10. In the area of child survival, between 2003 and 2005 there was a decrease in child morbidity from measles and neonatal tetanus, and no cases of poliomyelitis were reported in 2005. The national vaccine supply and the revitalization of immunization services supported in 12 health districts by UNICEF has led to an increase in DTC3 immunization coverage from 58 to 86 per cent and an increase in the proportion of children fully immunized from 32 to 37 per cent. In collaboration with the World Health Organization (WHO), the National Immunization Days were supported by all of the Inter-Agency Coordinating Committee partners. The implementation of a recent protocol of agreement with the Government on vaccine independence will ensure the availability of vaccines. UNICEF has also supported a vitamin A supplementation effort, which has reached more than 3.3 million children annually, and the launching of integrated management of childhood illness, including the promotion of insecticide-treated mosquito nets. The success of the extension to six prefectures of the regional emergency obstetric and neonatal care strategy has led to the development of a strategic plan for the period 2005-2015 to accelerate the reduction in maternal and neonatal mortality and to the signing of a protocol of agreement with the African Development Bank in 2005 for funding to cover three new prefectures.

11. In 2005 the school enrolment gap between boys and girls was only 11 points. The advocacy effort developed by UNICEF in the framework of the United Nations Girls' Education Initiative has led to a commitment on the part of all of the Education For All partners to sign a protocol of agreement. Emphasis has been placed on building or renovating schools to make them more attractive and functional, with equipment, textbooks, teacher training and participatory community management, particularly by women in the framework of the "child-friendly, girl-friendly schools" initiative. Thus, 81,000 children of school age, 70 per cent of them girls, have been reached by the programme. The community initiative has also been promoted in the framework of the early childhood development programme. More than 100 community supervisory centres have been set up using the communities' own funds as well as those of women's groups in the programme target area.

12. The key results obtained in the area of child protection include increased knowledge about protection problems as a basis for the Government's operational policies; the strengthening of the legal framework as a result of the harmonization of

domestic legislation with conventions and other international instruments; and pilot projects (reunification of 2,100 separated children with their families; provision of care to 1,500 orphans and vulnerable children; reintegration of 1,500 working children and young people into the school system).

Lessons learned

13. The conclusions and recommendations of the mid-term review carried out in November 2004 related to shifting the focus of the programme to the Millennium Development Goals, particularly Goals 2, 4, 5 and 6, with a concentration of resources on replicable projects that deliver results and on efficient lower-cost activities, along the lines of the Accelerated Child Development and Survival Strategy which in two years resulted in a 12-per-cent reduction in the under-five mortality rate. This strategy, approved by the Ministry of Health and its partners, will be consolidated and implemented on a larger scale, in partnership with the Agency for International Development, the World Bank, the European Union and the African Development Bank.

14. Malaria continues to have a considerable socio-economic impact. The use of impregnated mosquito nets is not common in Guinea. The self-assessment tool for malaria competence has been successfully implemented in two rural development communities. It has led to rapid and widespread results in terms of acceptance and use of impregnated mosquito nets and has thus proved to be a powerful transformational leadership tool for the empowerment of communities in combating this scourge.

15. The geographic convergence strategy has involved the concentration and decentralized management of the operations of the Guinea-UNICEF 2002-2006 cooperation programme. The strategy was piloted in four prefectures chosen on the basis of the vulnerability of their populations as a result of an emergency situation. To combine emergency action with development, interventions involved the implementation of a package of activities in the areas of health and nutrition, early childhood development and education, protection, capacity-building of prefectural technical services and empowerment of communities. The implementation of this strategy in these prefectures has yielded the following results: immunization coverage of more than 85 per cent in the convergence areas, compared with 70 per cent nationally in 2004; (b) strong demand for impregnated mosquito nets within communities; (c) the commitment of the authorities to promote and ensure respect for the right to protection of vulnerable children and women; (d) a noticeable increase in the girls' school enrolment rates, with an increase of 17 percentage points in Forécariah compared with 12 points nationally in 2004; and (e) women's groups taking over the running of community supervisory centres, and the establishment of 100 community supervisory centres on the initiative of, and funded by, the communities themselves. Thus, it shows that in an emergency situation or difficult macroeconomic context, the decentralization of the management of the programme and the concentration of activities in a limited geographic area can improve the performance of projects and their impact on beneficiaries. Such a strategy could be a decisive factor in a harmonized approach to interventions, based on active partnership and an effective mobilization of resources.

The country programme, 2007-2011

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Childhood survival and development	4 525	7 500	12 025
Basic education and equity	3 610	5 900	9 510
Protection of women and children	3 110	5 800	8 910
Water, hygiene and sanitation	375	506	881
Social policies and advocacy AIDS	1 560	2 500	4 060
Cross-sectoral costs	2 155	0	2 155
Total	**17 000**	**27 200**	**44 200**

Preparation process

16. This document is the culmination of a participatory strategic planning process during which the common country assessment was drawn up, based on the realization of the Millennium Development Goals and approved by the Government. This intensive process required the active involvement of all the United Nations agencies with the support of the group on programme harmonization, the Government, through the working groups on the poverty reduction strategy, and representatives of civil society.

17. The strategic planning workshop was attended by officials at the highest levels of the Office of the Prime Minister, the Ministries of Cooperation, Planning and Finance, sectoral departments and the permanent secretariat for the poverty reduction strategy. Five priority areas for cooperation were identified with the Government and are expanded on in the United Nations Development Assistance Framework (UNDAF) results matrix. They relate to: (a) governance; (b) growth; (c) equitable access to social services; (d) combating AIDS, malaria and tuberculosis; and (e) preservation of the environment.

Goals, key results and strategies

18. The programme contributes to three of the five UNDAF intended outcomes. Its goal is to ensure that by 2011 children's and women's rights are recognized, respected, promoted and protected, and that maternal and under-five mortality is reduced by 30 per cent.

19. To this end, five key sectoral programme expected results were identified: (a) the incidence of childhood illnesses and disabilities, nutritional deficiencies and complications in pregnancy will be reduced, and parent-to-child transmission of HIV and the impact of HIV/AIDS will be reduced among infants, children, young people and women; (b) in the target areas at least 95 per cent of children will have access to quality education and early-learning services and acquire the necessary life skills, including AIDS prevention, and 80 per cent of enrolled children will

complete primary education; (c) vulnerable groups, children, women and young people will enjoy their right to protection against discrimination, and 30 per cent will have access to social and specialized services; (d) at least 60 per cent of families, communities and schoolchildren in the poorest rural areas will consume safe drinking water, 25 per cent will use hygienic latrines, observe basic hygiene rules and enjoy a healthy environment; and (e) social policies for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will be promoted at the national, community and family levels; mechanisms for ongoing analysis of the situation of children and women will be developed and disseminated; the vulnerability of children and women to major scourges, notably AIDS and malaria, will be reduced.

20. The programme will consolidate the operational strategies successfully developed in the previous programme, notably in the prefectures of Kissidougou, Dabola, Forécariah and Kindia, and extend them to the poverty areas of Haute Guinée, Moyenne Guinée and Guinée Forestière, in partnership with United Nations agencies. The focus will be on the following aspects: national capacity-building in the development and management of sectoral policies; support for improving the quality of services; and the development of an essential services package, which is flexible in terms of emergency preparedness and response.

21. These activities will be implemented following a two-pronged geographic approach, taking equity into account. At the national level, the focus will be on: (a) national and regional capacity-building for strategic planning, including monitoring and evaluation mechanisms, a rights-based approach and results-based management; (b) routine immunization, the promotion of micronutrients and impregnated mosquito nets; (c) the promotion of lower-cost sanitation technologies; (d) support for better learning conditions through the provision of school kits and manuals; (e) the participation of young people, notably in the children and AIDS campaign. In poverty areas, which comprise 18 prefectures or 42 per cent of the total population, the focus will be on: (a) strengthening prefectural capacity for the improved provision of quality social services; (b) the concept of child-friendly schools and education in citizenship in schools; and (c) community empowerment for the emergence of a community committed to sustainable human development, particularly the promotion of the development of young children and respect for their rights. In order to respond to emergencies, a contingency plan, updated regularly, will be included in each component of the programme. UNICEF will support the Government in the elaboration and widespread implementation of a communication strategy on avian flu, adapted to local conditions, while building capacity to ensure the health and well-being of the population, particularly children, through the adoption of hygiene and nutrition behaviour and practices to contain the spread of the disease.

22. UNDAF 2007-2011 establishes favourable conditions for a synergetic partnership and a comprehensive national capacity-building strategy. In this framework, the operational option of strengthening institutional governance at the regional level, with the establishment of a focal point, will facilitate the follow-up of the Millennium Development Goals at the decentralized level. With the support of United Nations agencies, the eight focal points will supervise the preparation of regional development plans in keeping with the Millennium Development Goals, the

priorities of the poverty reduction strategy and the needs defined at the local level by the regional development cooperation initiative.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

23. In accordance with the national priorities identified in the poverty reduction strategy, the common country assessment (CCA) and the analysis of the situation of children and women, the new cooperation programme is based on: (a) the strategic plan under the expanded programme on immunization (2006-2010); (b) the strategic plan to reduce maternal and neonatal mortality (2005-2015); and (c) the National Education for All Plan of Action, in addition to the strategic frameworks of the national programmes to combat HIV/AIDS and malaria. The key-expected results should contribute to the achievement of the UNDAF strategic outcomes relating to (a) institutional governance; (b) equitable access to basic social services; and (c) combating HIV/AIDS, malaria and tuberculosis.

Relationship to international priorities

24. The priority areas of the new programme, in keeping with the Millennium Development Goals and the focus areas identified in the medium-term strategic plan for 2006-2009 are child survival and development; basic education and equity; protection of children and women; access to water, hygiene and sanitation; social policies and advocacy for children's rights; prevention of HIV/AIDS; and promotion of gender equality. By encouraging the participation of all actors and strengthening capacity at the national and community levels and among women and children, the programme will promote a culture of respect for human rights, sensitize duty bearers and raise the awareness of rights holders.

Programme components

25. **Child survival and development**. This programme comprises four projects: (a) the expanded programme on immunization; (b) access to quality child and maternal health care; (c) nutrition; and (d) prevention of parent-to-child transmission of HIV. The nationwide expanded programme on immunization will help to reduce the incidence of preventable childhood illnesses and disabilities. The aim is to immunize at least 90 per cent of children under one year of age and of pregnant women in order to wipe out poliomyelitis, eliminate maternal and neonatal tetanus and control measles, and to provide vitamin A supplementation, including to population groups in emergency situations. Access to quality child and maternal health care will be improved and coverage will be raised to 80 per cent in target areas (poverty areas). Health care centres and the community will provide quality preventive care and integrated management of childhood illnesses; 60 per cent of women will have access to and make use of quality health care during pregnancy, at childbirth and post-partum, their access to services being facilitated by sharing arrangements. At the national level the nutrition project will promote intake of micronutrients (vitamin A, iodine, iron and zinc), and at the community level the support of local associations, non-governmental organizations and health management committees will teach communities and families how to adopt good health and nutrition practices to overcome protein-energy malnutrition, particularly in poverty areas. The project on prevention of parent-to-child transmission of HIV will strengthen the national management strategy. It will facilitate access to preventive care for 60 per cent of pregnant women; 80 per cent of pregnant women

and children infected with and/or suffering from HIV/AIDS will receive effective medical and psychosocial care.

26. **Basic education and equity**. This programme comprises three projects: (a) preschool education; (b) primary education; and (c) non-formal education for young people. Preschool education will be developed in poverty areas with the support of the communities, so that at least 30 per cent of children of preschool age (3-6 years), including children in emergency situations, will have access to early-learning programmes that will prepare them for school. The primary education project will enable at least 95 per cent of children of school age (7-12 years), a majority of them girls, to enrol in school, learn life skills, in particular how to protect themselves against AIDS, and complete the primary level of education in a healthy, safe environment favourable to equity and participation. The non-formal youth education project will reach at least 50 per cent of young people 13-18 years of age who have not had schooling or have dropped out of school, a majority of them girls, in order to facilitate their enrolment in a non-formal quality basic education programme that will give them skills to pursue their studies and to protect themselves against AIDS.

27. **Protection of children and women**. This programme comprises three projects: (a) protection policy; (b) combating exploitation and abuse; (c) orphans and other vulnerable children. The protection policy project will develop a system of information management, monitoring and operational evaluation for the purpose of gathering information on child abuse and devising coordinated action plans, enforcing the law and training professionals. The project on combating exploitation and abuse will seek to provide direct responses to protection problems with an emphasis on the participation of those affected. The third project will put in place a legal framework for protection of orphans and vulnerable children and will address at least 30 per cent of cases.

28. **Water, hygiene and sanitation**. This programme comprises three projects: (a) water, hygiene and sanitation policy; (b) access to water and sanitation; (c) education in good hygiene. The first project will facilitate the establishment of a framework for concerted action by all stakeholders, the formulation of a sectoral policy and the elaboration of a strategic plan for supplying water and sanitation to rural areas by the year 2015. The access to water and sanitation project will create 250 new modern water points, strengthen the mechanisms for maintenance and upkeep of the water points and monitoring of water quality and promote SanPlat-type hygienic latrines in 60 per cent of the regional development cooperation initiatives. The education in good hygiene project will seek to promote a healthy school environment attractive to students; it will cover all schools in poverty areas through hygiene education for teachers, students and parents, with outreach to the communities.

29. **Social policies and advocacy/AIDS**. This cross-cutting programme comprises three projects: (a) strategic planning; (b) advocacy; and (c) community participation. The strategic planning project aims at creating national capacity in the areas of planning, monitoring and evaluation using a rights-based and results-based approach in order to strengthen intersectoral coordination, the monitoring of the priorities identified in the country programme and poverty reduction strategy, ongoing analysis of the situation of children and women and emergency preparedness and response. The advocacy project aims at developing a communication and advocacy strategy to promote the sustained involvement of the media, political leaders, civil society and public opinion in the Millennium Development Goals, children's rights

issues, partnership and the "Unite for Children, Unite against AIDS" campaign, with the participation of young people, particularly in the fight against AIDS. The project also aims at developing a resource mobilization strategy involving adapted communication materials and visits to donors. The Government will be asked to make its contribution to the UNICEF budget. The community participation project is designed to strengthen community capacity to manage and implement a road map for achieving the Millennium Development Goals, with particular stress on actions to promote child survival and development and AIDS prevention.

30. **Cross-sectoral costs**. These amounts will go to improving operational, logistic and management capacity across the entire programme. In particular, they respond to concerns to strengthen national capacity for better management of advances to the Government and supplies. Management will be reinforced by auditing teams from Government services and from the Supply Section.

Major partnerships

31. The joint project to resume activities in the Guinée Forestière region offers the opportunity for a close partnership involving all the United Nations agencies, the World Bank, the European Union, civil society organizations and international non-governmental organizations. Components on conflict prevention and combating AIDS will supplement the components on communication, advocacy and mobilization of the communities towards the achievement of the Millennium Development Goals.

32. A memorandum of understanding with the World Food Programme (WFP) is in preparation and will be signed in 2006. Areas of cooperation are also being developed with the United Nations Development Programme (UNDP) and will take the form of joint projects on strengthening institutional governance. With the United Nations Population Programme (UNFPA) UNICEF shares an area office in Nzérékoré on a co-management basis; areas of cooperation will be confirmed at the next joint strategy meeting.

33. A financing agreement for over $2 million for three years for the water, hygiene and sanitation programme was obtained from the European Union under the ninth European Development Fund. The World Bank is preparing to finance the early childhood project and the essential learning package.

Monitoring, evaluation and programme management

34. Programme coordination will be handled by the Government through the Central Coordination Unit, already operational, under the Ministries of Cooperation, Planning, Decentralization and Economy and Finance. The Unit will receive technical support from UNICEF multidisciplinary teams. Planning, execution and monitoring of the programmes and projects will be done in collaboration with the sectoral steering committees set up for that purpose at the central and decentralized levels with the support of the regional focal points for the Millennium Development Goals. Overall monitoring of the programme will be handled through a five-year integrated monitoring and evaluation plan. The plan will include a situation study (a multiple indicator cluster survey, or MICS) in 2007, joint monitoring missions, periodic progress reviews, annual reviews, a midterm review in June 2009 and a demographic and health survey conducted jointly with the Government in 2010.